GARFIELD COUNTY SHERIFF'S OFFICE
PERSONNEL ACTION REPORT (PAR)

Employee Name: **ROB NYE** Department: **SHERIFF**

Effective Date: **12/05/18**

Check all boxes that apply and complete any additional information required:

- ☐ **New Employee**
- ☒ Regular Full Time
- ☐ Regular Part Time
- ☐ Temporary Full Time (No Benefits)
- ☐ Temporary Part Time (No Benefits)
- ☐ Relocation Eligible $_____
- ☐ Promotion
- ☐ Salary Increase
- ☐ Transfer
- ☐ Involuntary Termination
- ☒ Voluntary Termination (explain in comments)
- ☐ **Annual** performance appraisal increase ____%
- ☐ Other (explain in comments)

Comments: **RESIGNATION.**

Current Status:	New Status:
Reports To: **N/A**	Reports To: **N/A**
Job Title: **Sergeant**	Job Title: **** Choose Position ****
Pay Level: **Grade 8**	Pay Level: **** Choose Grade ****
Hours worked per week: **171/28**	Hours worked per week:
Overtime: Exempt ____ Non-Exempt X **(time sheet required)**	Overtime: Exempt ____ Non-Exempt ____ **(time sheet required)**
Pay Rate: **$33.83/hr**	Pay Rate:
☐ **$1.00 Bilingual Pay** ☐ **$80.00 FTO** ☒ **$40/moGun-Carry Pay**	☐ **$1.00 Bilingual Pay** ☐ **$80.00 FTO** ☐ **$40/moGun-Carry Pay**
Fund **100** Dept **05** SubDept **016** SSD ____ **100** %	Fund ____ Dept ____ SubDept ____ SSD ____ ____ %

Signature: LW Date: 11/26/18

Sheriff or Designee's Signature

Signature: [signature] Date: 11-26-18

Human Resources Administrator

Sheriff PAR-07/2015 PR 11-26

12/05/2018

Rob Nye
PO Box 1203
Silt, CO 81652

Re: Termination of Employment

Dear Rob:

Enclosed is important information requiring your attention as you transition from employment with Garfield County.

Last Paycheck and Future Contact Information Form. Complete this form to provide the County with your most current contact information. The W-2 form for ***2018*** will be mailed to the address currently on file unless a signed address change is received. Address changes must be in writing with your signature.

Each time there is an address change in the future, it will be your responsibility to notify the Sheriff's Office Human Resources Department in writing at 107 8th Street, Glenwood Springs, CO 81601.

IMPORTANT: *You **may*** receive two separate checks, one for regular wages and one for supplemental wages (i.e. remaining PDO payout, etc).

Exit Questionnaire. Complete the Exit Questionnaire form to provide the County with feedback about your employment experience. The information provided is kept confidential and used in the compilation of annual turnover reports.

Life & Disability Insurance. You may convert your $50,000.00 CEBT group life insurance policy to an individual policy. The Conversion-Portability explanation and application is enclosed. In addition, you may also convert your Additional Voluntary Life and AD&D insurance policy (if applicable). If you choose conversion, complete the form and mail it within 31 days directly to the Standard Insurance Company at the address shown on the form.

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Retirement Benefits. A distribution form is enclosed for your retirement benefits. Review the Participant Distribution Guide for assistance in determining distribution of any monies you have invested in the 401(a) plan and, if applicable, a 457(b) plan. Your retirement account is managed through CCOERA by Great West Retirement Services. Direct any questions to them at 1-800-352-0313.

Summary. To assist you in managing the enclosed forms, listed below is a summary of the action required.

1. **The following form must be returned to Human Resources within 60 days of receipt of letter:**

   - Last Paycheck and Future Contact Information Form

2. **The following may occur:**

   - If you meet the criteria you may be receiving two checks

3. **The following form should be returned to Human Resources:**

   - Exit Questionnaire

4. **The following form may be completed and submitted to Standard Insurance Company:**

   - Request for Conversion-Portability Application

5. **The following form may be completed and submitted to CCOERA - Great West Retirement Services:**

   - Distribution/Direct Rollover Request, 401 (a)

If you have any questions regarding the above information, feel free to call me at (970) 945-0453, ext 1048.

Sincerely,

Stacie West
Sr. Benefits Administrator

Enclosures
cc: Personnel File