
**DOUGLAS COUNTY ADMINISTRATIVE
POLICIES AND PROCEDURES**

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04/21/11

AUTHORITY:
COUNTY MANAGER:  **BOC**
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SUBJECT: VOLUNTARY SEPARATION PROGRAM

- I. PURPOSE:** This proposed Voluntary Separation Program is a cost-saving measure designed to encourage employees to voluntarily leave county employment as a budget reduction strategy.
- II. POLICY:** This policy documents the voluntary separation program designed to reduce personnel expenditures.
- III. PROCEDURE:**
- A. PROGRAM OUTLINE:**
1. Participation in the program is voluntary. The Department Head or the Elected Official is the final authority on selecting participants for consideration under this program. Eligibility is defined in C.
 2. Upon approval eligible employees may select one of the following separation options, which may not be combined:
 - a. The purchase on behalf of the employee of up to 2 years of time in the Nevada PERS system; or
 - b. Up to 2 years of health insurance premiums on the Douglas County benefits plan, based on the health insurance plan at the time of separation.
 3. The severance payment shall not be included as "compensation" for the purpose of the Public Employees' Retirement System.
 4. Positions participating in the program shall not be final until changes in pay grades, job descriptions, and authorized positions are approved by the County Commissioners.
 5. The county, in its sole discretion may modify or cancel this program at any time. Participation is also dependent upon the county's fiscal ability to fund any proposed buyout.
- B. PROGRAM CONDITONS:**
1. An employee's participation in the Program is conditioned upon the employee's position and/or other positions within the department being downgraded at least two pay grades or position elimination.

2. The drop in pay grades must be justified through a reduction in job responsibility(s) and be reflected in a revised job description.
3. Consideration may also be given if the savings is provided through a departmental reorganization, so long as the salary savings are permanent, and not simply the result of employees moving into a lower salary level within the same pay grades. Changes in the department must be planned to be kept for at least a 5-year period and show that the amount of the severance pay will be offset through budgetary savings. An ongoing savings element shall also be identified.
4. Shifting of employees from full-time to part-time (19 hours or less per week) may be considered if the position(s) are down graded at least two pay grade or result in a permanent reduction if the number of FTEs in the department by a minimum of one half (.5).
5. To be considered under A. 2. b. the position must be eliminated with no additional position, hours or other staff increases provided to the department. This request requires County Manager approval prior to submission for consideration. All other conditions must be met.
6. The amount of the severance is conditioned on the ability of the department to recover the severance expense within a 1-year period and demonstrate an on-going personnel cost reduction plan.
7. The maximum severance pay under any alternative is \$20,000.

C. ELIGIBLE PARTICIPANTS:

1. Only full-time and part-time regular employees not occupying critical positions who have five or more years of continuous years of service with Douglas County and are vested in the PERS system are eligible to participate in the PERS purchase of service separation program.
2. Only full-time or part-time regular employees not occupying critical positions who are currently covered by the Douglas County health insurance plan are eligible to participate in the paid health insurance separation program.
3. Positions deemed to be critical to the Department are not eligible. Critical position shall be defined at the sole discretion of the Elected Official or County Manager.
4. Extra help, temporary, intermittent, seasonal, limited term, provisional, probationary, emergency hires and interns are not eligible.
5. Department Heads and Elected Officials may identify positions that are not eligible for the Voluntary Separation Program. Some jobs cannot participate in this program because they are mandatory/critical for the county to deliver services to the community.
6. Elected Officials and those leaving county service to serve as an elected official are not eligible.
7. Contract Employees are not eligible. However, bargaining unit employees are eligible. Bargaining unit employees who accept the agreement will be

- considered voluntary termination and not subject to inclusion on the layoff reemployment list.
8. Employees that are hired and funded contingent up a grant or other temporary funding source are not eligible.
 9. Employees of the East Fork Fire and Paramedic Districts are eligible, provided they meet the criteria set out in this policy.
 10. Nothing in this policy prohibits the Board of County Commissioners from entering into a separate agreement with any officer or employee.

D. PROCEDURES FOR PROCESSING REQUESTS:

1. An employee may request to participate by submitting a completed Employee Request form to Human Resources, with a copy to the County Manager. Attachment A.
2. Once the employee is determined to be eligible for participation in the program, Human Resources will provide the applicant with the agreement, waiver and release forms (Attachment B). The employee will be notified in writing if he/she is not eligible to participate. If the Elected Official or Department Head disagrees with the determination of non-eligibility, they may have the request reviewed by the County Manager.
3. Employees who are approved to participate may rescind their application within seven calendar days after notice of approval by the county. Failure to rescind within that time period will mean that the employee may not have an option to rescind their decision to participate in the program.
4. The department is responsible to provide updated job descriptions and reorganization plans for any affected position(s). Copies are to be submitted to the County Manager and Human Resources.
5. Board of County Commissioners shall make the final approval for the separation payment and change in the department's personnel.

E. SEVERANCE CALCULATION:

1. The amount of the severance package given to employees will be based on the cost of PERS credit as of the effective date of the employee's termination of employment from the County.
2. Calculation of PERS service and value will be based on standard PERS criteria and requirements.
3. Payment to the Employee will be made not later than 7 days after their termination of employment.
4. Payment to PERS shall be made prior to the termination date as determined and processed by the County and as approved by PERS.
5. The amount of health insurance paid by the County on the employee's behalf to insurance providers will be calculated based on the insurance plan the employee/employee's family is enrolled at the time of the agreement.

F. RESPONSIBILITIES:

1. The Human Resources Manager is designated by the County Manager to administer the program.
2. The affected Department Head or Elected Official shall approve employee requests for participation prior to submission to Human Resources.
3. Human Resources will accept requests, process requests, determine recommendations for eligibility, calculate years of service, calculate cost of insurance premiums, and coordinate all aspects of the program.
4. Human Resources will work with payroll to calculate severance benefits.
5. The employee is responsible for signing all appropriate paperwork and, if participation is approved, separating from the county.
6. Human Resources will work with the affected department to insure that the change in pay grades, reassignment(s) of responsibilities and/or reorganization is accurately reflected in updated job descriptions and departmental authorized positions.

IV. APPENDIX:

- A. ATTACHMENT A: Employee Request Form
- B. ATTACHMENT B: County of Douglas Waiver and Release Agreement.

- V. RESPONSIBILITY FOR REVIEW:** The County Manager is responsible for review of this policy after the first year and as needed or at least every 5 years thereafter.

04/21/11

ATTACHMENT B

COUNTY OF DOUGLAS WAIVER AND RELEASE AGREEMENT
VOLUNTARY SEPARATION PROGRAM AGREEMENT

The County of Douglas and (*employee*) _____
Agree as follows:

1. Employee has requested participation in the Voluntary Separation Program. Department Head or Elected Official supervising the employee has approved this request.
2. Employee has reviewed, understands and agrees to all of the terms and conditions of the Program. A copy of the Program is attached to and incorporated into this Agreement.
3. Employee acknowledges that he/she has been given fourteen (14) days to review the Program prior to signing this Agreement, and has had the opportunity to obtain independent legal advice on its terms, conditions and consequences.
4. Employee has seven (7) days from the date that this Agreement is signed to rescind their acceptance. To rescind, Employee must sign and deliver to Human Resources a written statement of revocation. This Agreement will become effective only on the eighth day following its signature. No payment will be made to Employee until after the effective date.
5. Employee waives, releases and agrees never to assert claims against Employer and/or the termination of employment under the Program. These claims include, but are not limited to, claims arising under federal, state and local statutory or common law, such as the Age Discrimination in Employment Act, Title VII of the Civil Rights Act of 1964 and 1991 and the law of contract and tort. This waiver and release extends to claims that are presently unknown.

Employee's Signature: _____ Date: _____

Department Head Signature: _____ Date: _____

**ATTACHMENT A
REQUEST FORM**

Name of Employee: _____

Position: _____

Department: _____

Years of full-time continuous service: _____ *(to be verified)*

Date of requested separation: _____

I am requesting participation in the County's voluntary separation program under the following option (Check one box only and fill in the requested information):

A. In the form of the purchase of up to 2 years of time in the Nevada PERS system. I am requesting ___ year(s) to be purchased.

B. In the form of up to 2 years health insurance paid by Douglas County. Requested coverage and current medical plan:
Employee Only: _____ HMO: _____
Employee Plus Spouse: _____ PPO: _____
Employee Plus Child: _____ HSA: _____
Employee Plus Children: _____
Employee Plus Family: _____

Verification of current coverage tier and medical plan by HR representative: _____

This request is estimated to cost \$ _____ *(to be verified)*

Employee Signature _____ Date _____

Department Head Signature _____ Date _____

For "C"- County Manager Signature _____ Date _____

Attach or provide below a written proposal regarding the requested down grade of the position, the reassignment of responsibilities or other reorganization of positions that will take place to offset the cost of the request within a 1-year period and result in ongoing salary savings.