

INSTRUCTIONS

Employee—Complete Section I and forward to your supervisor

Supervisor—Complete Section II and forward to Human Resources Records Control Division, 90 Church Street, 5th floor

Section I TO BE COMPLETED BY EMPLOYEE

NAME (<i>Print</i>)	EMPLOYEE ID NO.	COMPUTER LOGON ID/USERNAME (<i>If applicable</i>)
EMPLOYEE'S SIGNATURE		DATE
CURRENT TITLE	LEAVE LINE TITLE (<i>If applicable</i>)	
CURRENT LOCATION	LAST DAY OF WORK	
Any final payments due me, as well as my W-2, are to be mailed to: (<i>Print Clearly</i>)		
Name: _____		
Address: _____		
<i>City</i>	<i>State</i>	<i>Zip</i>
Reason for Resignation:		
<input type="checkbox"/> Transfer to another agency Agency _____ Title _____ Start Date _____		
<input type="checkbox"/> Other: State Reason _____		
Please check one only:		
<input type="checkbox"/> I am resigning from the title in which I am currently serving and, if applicable, any permanent civil service title for which I am currently on leave.		
<input type="checkbox"/> I am resigning from the title in which I am currently serving and request to transfer my permanent civil service title to my new agency. Attached is a letter from my new agency authorizing the Authority to transfer my permanent civil service title. Failure to attach such authorization will be considered resignation from my permanent civil service title.		
<input type="checkbox"/> I am transferring my permanent civil service title to my new agency. Attached is a DP-72 from my new agency. Failure to attach a DP-72 will be considered resignation from my permanent civil service title.		
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	I HAVE RETURNED ALL HOUSING AUTHORITY PROPERTY TO MY WORK LOCATION.
<input type="checkbox"/>	<input type="checkbox"/>	I AM REQUESTING MY ANNUAL LEAVE ENTITLEMENT BE TRANSFERRED TO MY NEW AGENCY.
<input type="checkbox"/>	<input type="checkbox"/>	I AM REQUESTING A LUMP SUM PAYMENT FOR MY TERMINAL LEAVE. <i>(I understand that my last day of work will be my last date of employment with NYCHA. I will be issued one check for any remaining annual leave entitlement. My health insurance and welfare coverage will be terminated on my last day of work.)</i>
<input type="checkbox"/>	<input type="checkbox"/>	I AM REQUESTING TO REMAIN ON PAYROLL UNTIL MY TERMINAL LEAVE IS EXHAUSTED. <i>(I understand my date of resignation from NYCHA will be the date that my terminal leave is exhausted. I will continue to receive a bi-weekly paycheck for any remaining annual leave entitlement. My health insurance and welfare fund coverage will be terminated on my last day paid.)</i>

Section II TO BE COMPLETED BY HOUSING MANAGER/DIVISION CHIEF OR ABOVE

SERVICE EVALUATION (<i>Check one</i>): <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY	RECOMMENDED RE-EMPLOYMENT (<i>Check one</i>): <input type="checkbox"/> YES <input type="checkbox"/> NO (<i>If "No," substantiating memo must be attached</i>)
NAME (<i>Print</i>)	TITLE
SIGNATURE	DATE

DISTRIBUTION: Forward ORIGINAL to Human Resources Records Control Division, Timekeeping Section, 90 Church Street, 5th Floor

- ONE COPY to location
- ONE COPY (*only section I completed*) to employee

FOR ADDITIONAL INFORMATION SEE REVERSE SIDE →



**NEW YORK CITY HOUSING AUTHORITY
90 CHURCH STREET, 5TH FLOOR
NEW YORK, NY 10007**

INFORMATION RELATED TO YOUR RESIGNATION

In accordance with NYC Housing Authority procedures, separating employees are paid for their unused annual leave up to a pre-determined maximum based on Authority policy for their title and continuous years of service.

No later than your last day of work, your work location will forward this resignation form to the Records Control Division of Human Resources. Upon receipt, your time records will be audited to determine the number of annual leave days for which you are entitled to be paid. This information will then be forwarded to the Payroll Division. This process will take approximately four weeks. Upon completion, any paycheck(s) due to you will be mailed to the address indicated on the reverse side of this form and we will change, if needed, Authority records to reflect that address.

When you complete this form, select a method of payment for your annual leave entitlement. Based on this selection you will be paid for your annual leave (following the process indicated above) in one of the following manners:

Lump Sum Payment: You will be issued one check for the remaining balance of your annual leave entitlement. Your effective date of resignation will be your last day of work and your health insurance and welfare fund coverage will be terminated effective your last day of work.

Bi-Weekly Payments: You will continue to be issued a regular paycheck on each pay day until your annual leave entitlement is exhausted. The effective date of your resignation will be your last day paid. Your health insurance and welfare fund coverage will be terminated on your last day paid. In addition to taxes, all other applicable deductions, e.g., deferred compensation, pension, etc., will continue through the issuance of your final paycheck.

In the near future, if eligible, the Employee Benefits Division will officially notify you of the termination of your health insurance coverage. At that time, you will be advised of your rights to continue your group health insurance and welfare fund coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA). Under COBRA you and your eligible dependents are given the opportunity for a temporary extension for group health care and welfare fund coverage at 102% of the group rate.

You must be sure that all property issued to you by the Authority, such as identification cards, badges, parking permits and beepers are returned to your immediate supervisor prior to your last day of work.

Questions related to health insurance coverage may be addressed to the Employee Benefits Division at (212) 306-4070. If you are enrolled in the Deferred Compensation Plan or any of the Flexible Spending Accounts, e.g., DeCap, or the Municipal Credit Union, it is recommended that you contact them directly in order to receive information on the full benefit options that are available to you. If you are a pension member, you should contact the NYC Employees' Retirement System at (347) 643-3000 regarding your options. All other questions related to your separation may be addressed to the Records Control Division at (212) 306-3812.

Once you have separated from the Authority, you may request reinstatement in accordance with Rule 6.2.3 of the *Rules and Regulations of the City Personnel Director*. Reinstatement, which applies only to employees who have completed probation in permanent or Labor Class titles, must be accomplished within a period of time equivalent to the time an employee has actually served in the civil service of New York City, but not less than one year and in no event shall such period be more than four years from the date of resignation. Reinstatements are within the sole discretion of the New York City Housing Authority and are not subject to appeal.

Good luck in your future endeavors!