



# BROWARD COUNTY SHERIFF'S OFFICE SEPARATION FORM

Please forward this form, upon its completion, to your immediate supervisor for processing.

I, Jan Jordan CCN 16931 hired on 01/08/2013 hereby separate from my employment with Broward County Sheriff's Office for the following reason(s):

- Other Employment
- Personal Reasons
- Retirement
- Death
- Other (Explain Below)

Effective on 11/20/2018 (Time) 1700 Hrs

*I have reviewed this form prior to its execution and had the opportunity to review and discuss its contents with the legal counsel or representative of my choice. Further, I voluntarily agree to be bound by the terms and conditions herein. No other promises or conditions have been agreed upon, or may be relied on except those, which are contained herein.*

Signature: [Signature] Rank: Captain Date Signed: 11/20/2018  
 Commander's Signature: [Signature] Rank: Colonel Date Signed: 11-20-18

**Charges Pending Verification by Division with Internal Affairs:**

Charges Pending?  Yes  No Verified by: [Signature] 7818 Date: 11/20/18

**NOTE:** Continuation of employee medical, dental, and life insurance benefits will be in compliance with applicable COBRA laws (See Employee Benefits). Retirement benefits will be subject to FS Chapter 121 (See FRS Handbook). All information pertaining to resignation will become part of public record. A Broward County Sheriff's Office employee who has resigned is prohibited from re-employment except upon approval from the Sheriff.

Acknowledged: [Signature] 7818 Bureau/Division Director's Signature Date: 11/20/18  
 Acknowledged: \_\_\_\_\_ Department Director's Signature Date: \_\_\_\_\_  
 Acknowledged: [Signature] Director of Human Resources Signature Date: 11/20/18  
 Acknowledged: [Signature] Sheriff's Signature Date: 11/20/18  
 EFFECTIVE ON: \_\_\_\_\_ (Time) \_\_\_\_\_  
 PAY TERMINATES ON: \_\_\_\_\_ (Time) \_\_\_\_\_

\*\*\*\*\* FOR HUMAN RESOURCES ONLY \*\*\*\*\*

**Charges Pending Final Verification by Human Resources with Internal Affairs:**

Charges Pending?  Yes  No Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Accrual Balances:</b>		<b>Grandfather Cap:</b> _____	
AL: _____		COMP: _____	
SL: _____ @ _____ % = _____		HOL: _____	
SL: _____ @ _____ % = <u>NOT ENTITLED</u>			
<b>HR Representative:</b> _____		<b>Date:</b> _____	



# EMPLOYEE CHECK-OUT LIST

**\*\*Return completed form to Finance Division\*\***

Check One:  Resignation  Termination  Retirement

Employee Name: Jan Jordan CCN: 16931

Department/Division: Administration Effective Date: 11/20/2018

The employee must obtain the appropriate signatures below and sign the completed form. A copy will be retained in the Bureau of Human Resources Division, with the original hand delivered to the Finance Division by the above named employee. In accordance with the Sheriff's Policy Manual subsection 3.15(b), District Commands, Facilities Manager, Unit/Division Directors or designee, signing on behalf of another listed component, will be responsible for any unreturned property.

DIVISION	SIGNATURE/CCN	DATE SIGNED
<b>Information Technology Division:</b> Laptop Computers, Cell/Satellite Phone, Air Card/MIFI	7206	11/20/18
<b>Mobile Technology Support Center:</b> Radio, Taser: CEW/BWC, PSB Access Card, SunPass, Office/Building keys	7206	11/20/18
<b>Evidence Control:</b> Firearms	7206	11/20/18
<b>Training Division/Fire Rescue Training:</b> Outstanding Training Funds	16934	11/20/18
<b>Service Center:</b> Automobile / Equipment	7206	11/20/18
<b>Home Division:</b> Unit Issued Equipment (Mobile Printer, Cell Phone/Pager) Port / Airport / District Security Access Card DOD, Dist.6, Crime Lab, Garage Transponders	7206 N/A N/A	11/20/18 — —
<b>Finance:</b> All DLE only, Outstanding Employee OIF Funds	17023	11-20-18
<b>Central Supply/Logistics:</b> Uniforms, Badges, Turnout Gear and PPE (mask, etc.) Other applicable manuals, Equipment (Not Unit/Division/ District issued)	7206	11/20/18
<b>Purchasing:</b> P-Card	17023	11-20-18
<b>Bureau of Human Resources:</b> Identification Cards		11/20/18

We, the above signed, do hereby certify that all uniforms, badges, equipment, manuals, identification cards, security access cards, and supplies belonging to the Broward Sheriff's Office and in the possession of the above named employee, were returned and any monies due the employee will be paid to him/her except as noted below.

Amount Due to BSO for Reimbursement of Uniforms, Equipment, Security Access Cards, Training Funds, etc., that were not returned:

Quantity	Items	Cost	Total
TOTAL AMOUNT DUE TO THE BROWARD SHERIFF'S OFFICE:			

Employee's Signature: Date Signed: 11/20/2018

Employee's Address: on file

Employee's Telephone Number: on file