

## Joint Exhibit 6

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**EXIT INTERVIEW****IMMEDIATELY UPON COMPLETION:**

RETURN TO: DEPT. OF RISK MANAGEMENT  
INSURANCE OFFICE  
ROOM 1072 - COUNTY BLDG  
INTEROFFICE - 008

Employee Name SALVATORE FICARELLI Today's Date 9-20-16  
 Department 239 Employee # 286581 Social Security [REDACTED]  
 Job Title CORRECTIONAL OFFICER Date of Hire 9-10-1989  
 Last Day Worked 9-18-2016 Last Day Paid 9-20-16  
 Rate of Pay 36.6666 Vacation Pay 220.07 / CE 276.75  
 Employment Status: (check one) ☒ Full Time ☐ Part Time  
 (check one) ☒ Permanent ☐ Probationary

Would you Rehire Employee? ☐ Y ☒ N  
 COBRA Information Issued ☒ Y ☐ N (attach copy)  
 Benefits Termination Information Issued? ☐ Y ☒ N  
 Is Employee Transferring to another Dept. in the County? ☐ Y ☒ N What Dept.? \_\_\_\_\_

**REASON FOR TERMINATION****VOLUNTARY RESIGNATION**Effective Date 9-20-16

- ☐ 1 To Attend School  
☐ 2 Illness (incl. Family members)  
     a) was LOA requested ☐ Y ☒ N  
     b) Dr.'s Statement ☐ Y ☒ N  
☐ 3 No Child Care  
☐ 4 Dissatisfaction with Job  
     (Hours, Pay, Working Conditions,  
     Personality Conflicts) \*\*  
☐ 5 Relocation  
☐ 6 Pregnancy - LOA requested?  
     ☐ Y ☒ N  
☐ 7 Other Employment  
     Note Where and When, if known \*\*  
☒ 8 Retired  
☐ 9 Unable to return from LOA  
☐ 10 Other \*\*

**DISCHARGED**

Effective Date \_\_\_\_\_

- ☐ 11 Violation of Known Rules  
     a) Absenteeism (Last Day Absent) \_\_\_\_\_  
     b) Tardiness (Last Known Tardy) \_\_\_\_\_  
     c) Absent 3 consecutive days -  
         No Call ( Job Abandonment)  
     d) Inability to do job (Poor  
         Work Performance, Attitude)  
     e) Insubordination \*\*  
     f) Under Influence of Intoxicants  
         or Drugs? Referred to EAP?  
         ☐ Y ☒ N  
     g) Misconduct \*\*  
     h) Allowed to resign in lieu of discharge  
☐ 12 Layoff

**\*\* EXPLANATION REQUIRED**

EXPLAIN IN DETAIL - REASON FOR TERMINATION (BE SPECIFIC)

RETIREMENTInterviewer/Supervisor [Signature]Date 9-20-16Employee [Signature]Date 9-20-16

Dept. - Please keep a copy in your file and forward one to Risk Management as soon as possible.

White: Insurance Department Copy Yellow: Department Copy Pink: Employee Copy

FMLA 00059