

EXIT INTERVIEW

NAME: Tatiana Levenar

EMPLOYEE #: 5878

TERM. DATE : 10-09-2019

EXIT DATE : Did not come in for Exit Interview

KEEP ALL DOCUMENTS TOGETHER IN CONFIDENTIAL FILE



Sheriff Deryl Loar

INDIAN RIVER COUNTY SHERIFF'S OFFICE

MEMORANDUM

October 25, 2019

TO: Sheriff Deryl Loar
Via: Chain of Command
FROM: Deputy Tatiana Levenar
SUBJECT: Resignation

Please accept this letter as a notice of my resignation from my position as Deputy Sheriff with Indian River County Sheriff's Office. My last day of employment will be October 9, 2019.

It is with a heavy heart that I report, after long and careful consideration, I have accepted a position with Martin County Sheriff's Office. This has been a tough decision and although I truly love working with the Indian River Sheriff's Office, I feel that this decision is in my best personal interest as I reside within Martin County. For the past several years my mother has struggled with [REDACTED] the last few months her diagnosis has worsen, I have to consider her health and the distance that I have to drive in an event of an emergency.

I have made many lifelong friends and gained a wealth of knowledge. I would really like to thank the deputies and supervisors of B3/B4 for going above and beyond in assisting and teaching me. You guys have become my second family and I will forever be grateful for it.

I sincerely appreciate the opportunity, it has been a true pleasure to be a part of this family here at Indian River County Sheriff's Office. I wish the entire agency and staff the best of luck and wish the agency nothing but success in the future. I look forward to staying in touch. You can email me anytime at [REDACTED] or call me at [REDACTED]

TRL

CC: Sgt. John Finnegan
Lt. Steven Stoll
Captain Lonnie Rich
Major Eric Flowers
Chief Jim Harpring

**Indian River County
Sheriff's Office**



**DEPUTY SHERIFF
TATIANA R LEVENAR**

DEPUTY SHERIFF
Indian River County - State of Florida



EXPIRES:

I hereby certify that

TATIANA R LEVENAR

is a duly appointed and bonded Deputy Sheriff in and for Indian River County, Florida, empowered by me to execute all the duties of Sheriff as prescribed by law until my term in office expires or this appointment is revoked.


Sheriff Deryl B. Loar

Employee's last day is 10-9-19

INDIAN RIVER COUNTY SHERIFF'S OFFICE
RELEASE FORM / INVENTORY CLEARANCE

EMPLOYEE NAME: Tatiana Levenor

EMPLOYEE NUMBER: 5878

UPON NOTICE OF AN EMPLOYEE RESIGNING, RETIRING, TERMINATED INVOLUNTARILY OR ANY OTHER SEPARATION FROM DUTY, THE FOLLOWING MUST BE DONE BEFORE THE EMPLOYEE'S FINAL PAYCHECK WILL BE RELEASED.

ATTENTION: IMMEDIATE SUPERVISOR

Please check off all items turned in by this employee. Uniforms, including bulletproof vest must be dry cleaned, on hangers and in plastic garment bags when turned into you. If items are not turned in or are not in good condition, there will be a payroll deduction from the employee's final pay check to cover costs of the item(s). This section reflects that all phases of separation from your division are finalized and there is no reason to hold the employee's paycheck.

- ☒ Uniforms and Accessories
 - ☐ Training Equipment
 - ☐ Cellular Phone
 - ☐ Portable Radio
 - ☐ Alpha Memo Pager/Pager
 - ☐ Guns and Accessories
 - ☐ Vehicle/Equipment
 - ☐ Inclement Weather Equipment
 - ☐ Keys
 - ☐ Other (Please list): Please return Wallet and or Door ID to Judy Parramore in HR.
- OK *AL*


Supervisor's Signature

Date 10/21/19

PAGE TWO/SEPARATION

12. CUT I. D. PICTURES IN HALF, ATTACH TO PIECE OF PAPER, KEEP WITH PACKET.

13. HAVE EMPLOYEE FILL OUT THE POST SEPARATION SURVEY. IF INVOLUNTARILY TERMINATED DO NOT FORCE ISSUE.

14. ADVISE EMPLOYEES LEAVING THAT THEY CAN OBTAIN COPIES OF DOCUMENTS IN THE PERSONNEL FILE THAT ARE NOT THE SOLE PROPERTY OF THE SHERIFF'S OFFICE. (PLEASE ASK IF NOT SURE)

15. PULL PERSONNEL FILE WHEN ALL THIS IS DONE AND FILE IN THE INACTIVE FILE.

16. E/I SHEET: MAKE CHANGES; ADDRESS, ETC. AND GIVE TO COLLEEN.

USE FOR COMMENTS:

USE FOR PAYROLL DEDUCTION INFORMATION:

	DEDUCTION NAME	AMOUNT	CANCEL	KEEP DEDUCTION
227	Dental Low Emp	15.75		☒
228	Vision Emp	4.06		☒
280	GHIP Single Gold	42.50		☒
405	LTD 90 Day	1.62		☒

EMPLOYEE NAME: Tatiana Levenar

PAYROLL NUMBER: 5878

Clipboard	Basic text	Names	Include	Adobe Send & Track	Tags	Add-ins
To...	Christine Maeso					
Send						
Subject	RE: BUYOUT HOURS					

From: Christine Maeso <cmaeso@ircsheriff.org>
 Sent: Monday, October 14, 2019 3:16 PM
 To: Judy Parramore <lparramo@ircsheriff.org>
 Subject: RE: BUYOUT HOURS

Debbie Wadsworth- 153.25 VACATION (57.25 + 96 PRORATED LONGEVITY + 8 OCT ACCRUAL – 8 VACATION PPE 10/20/19), 29.25 SICK

Christopher Rolle- 42 VACATION 16 SICK

Tahanna Levenor- 172 VACATION 126 SICK

Ismael Hau- 477 VACATION (422 + 47 PRORATED LONGEVITY + 8 OCT ACCRUAL) 471.50 SICK

Thank you,
 Christine Maeso, PPC
 Payroll Specialist
 Indian River County Sheriff's Office
 4055 41st Ave
 Vero Beach, FL 32960
 (772) 978-6264

 View Employee Master (5878) - LEVENAR, TATIANA R[Switch To Payroll Group](#)

Personnel	Retirement	Leave Benefits	Contacts & Dependents	Notes *	Training	Vaccines & Tests	Workers Comp	Personnel Action Requests	Inquiries	ACA	Miscellaneous
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 Leave Time Benefit Maintenance

Main	Maintenance	Filters	Sorts
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	Line	Description	Calculation Code	Available Time	Unit	Current Rate	Max Carry Over
	1	VACATION	VAC4	172.00	HOURS	16.00	99,999.00
	2	SICK	SIC2	126.00	HOURS	8.00	99,999.00
	3	COMPTIME	COMP	0.00	HOURS	16.00	480.00
	4	SICKBANK					
	5	MILITARYLV					
	6	WORKCOMP					
	7	PERSONAL	PRSNL	40.00	HOURS	40.00	0.00
	8	HOLIDAY					
	9	FMLA					

Showing 1 To 9 Of 9 Records

Home	Prev	Next	End
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INDIAN RIVER COUNTY SHERIFF'S OFFICE

EMPLOYEE SEPARATION PAY FORM

EMPLOYEE: Tatiana Levenar TERM DATE: 10-09-2019

EMPLOYEE PAYROLL NUMBER: 5878 POSITION # 112153L

BUY-OUT:

172.0 BALANCE OF VACATION HOURS
BALANCE OF HOLIDAY TIME
HOURS/YEARS OF SERVICE
COMP/TIME HOURS

Keep in mind that sick & vacation hours may change from the date of exit interview & final check, due to employees using up sick & vacation time

TOTAL HOURS 172.0 @ HOURLY RATE OF: \$ 20.4327 = \$ 3514.42
(BEFORE TAXES)

SICK TIME: SEE GENERAL ORDER 3510.15 (Payment of Unused Sick Leave)

126.0 HOURS @ \$ 20.4327 PER HOUR = 2574.52
(BEFORE TAXES)

(NO SICK TIME REPORTED TO DIVISION OF RETIREMENT)

RETIRED PERSONNEL ONLY: PERMISSION TO WITHDRAW FROM AUTOMATIC BANK WITHDRAW OR AUTOMATIC FRS PENSION WITHDRAW FOR ANY HEALTH OR LIFE INSURANCE PREMIUMS DUE.

(Initial Below)

LIFE INSURANCE: MONTHS / @ \$ / = \$ /
HEALTH INSURANCE: MONTHS / @ \$ / = \$ /

FINAL GROSS PAY: \$ 6088.94 LESS INSURANCE IF APPLICABLE
(BEFORE TAXES)

SUBMITTED BY: _____ DATE: _____

DISPOSITION OF CHECK: _____ (REGISTERED MAIL) _____ (HOLD /DATE) ☒ Direct Deposit

MAILING ADDRESS: _____

COMMENTS: _____

Employee Signature: _____



An Independent Licensee of the
Blue Cross and Blue Shield Association

Employee Change Application

Please type or write clearly in black or blue ink.

Section A: Current Information

Group Name: Indian River County Sheriff's Office	Group #: 90000	Division #: 002	Package #:
Employee Name: (Last, First Name, M.I.) Levenar, Tatiana R.	Social Security #: [REDACTED]	Effective Date of Coverage:	Date of Event: 10/09/19

Section B: Coverage Change Information

Reason for Change:	☐ Adoption	☐ Death	☐ Leave of Absence/Layoff	☐ Moved from Service Area
	☐ Open Enrollment	☐ Section 125	☐ Marriage	☐ Birth
	☐ Over-Aged Dependent	☒ Terminate	☐ Return of Alternate	☐ Loss of Coverage
	☐ Divorce	☐ Employment	☐ Insurance	☐ Plan Type: _____
		☐ Location _____	☐ Employee # _____	(ex. PPO, HMO, RX)

Change Request Type:	☐ New Name:	New Physician Name/ID:
	☐ New Address:	New Phone #:

Plan Coverage Type Requested: ☐ Add Health ☐ Delete Health ☐ Add Vision ☐ Delete Vision

☐ Change Plan: Indicate Plan #

Coverage Level Requested: ☐ Employee ☐ *Employee & Spouse ☐ *Employee & One Dependent ☐ *Employee & Children ☐ Family
*When available

☐ Dependent Change Complete Section C

☐ Other Change: **Cancel coverage effective 10/31/2019.** +

Applicable to Group Administrator: The Affordable Care Act prohibits rescissions; cancellations cannot be submitted for the period in which a premium is collected. By submitting cancellation(s) you represent that you have not collected a premium from the employees/dependents for coverage after the requested termination date.

Section C: Dependent Information Attach separate sheet, if additional space is needed, with dependent information, sign and date.

Last Name: (if different than employee) First Name, M.I.	Social Security Number:	Birth Date:	Relation to You			Plan Type		Physician Name/ID HMO only	Existing Patient (Y/N)	Dependent	Ethnicity optional Circle all that apply.	
			Spouse (S)	Child (C)	Other (O)*	Health	Vision					Sex (M or F)
						☐	☐	☐		☐	☐	A B C H N W
						☐	☐	☐		☐	☐	A B C H N W
						☐	☐	☐		☐	☐	A B C H N W
						☐	☐	☐		☐	☐	A B C H N W

List the name of each dependent listed above that is married or has dependent child(ren) or lives outside of Florida.

* If you indicated "O" in "Relation to You" above for any dependents, please explain here:

Section D: Other Health Insurance Information This section must be completed for claims processing and Prior Coverage Information

In addition to this policy, do you or your dependents have any other insurance coverage (including Florida Blue plans) that will be in effect after this coverage begins? ☐ Yes ☐ No

Florida Blue Contract # _____ Medicare # _____ Pharmacy/Medicare D # _____

Complete the following only if this is the first time you or your dependents: (1) are enrolling for health insurance with this employer; (2) currently have health coverage; and/or (3) have any health coverage in the past 12 months that this coverage replaces OR you can attach a Certificate of Creditable Coverage. Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Prior Health Carrier Name	Contract #:	Effective Date:
Prior Employee Hire Date:	Cancel Date:	List names of all family members that were covered, including yourself:
Employee Signature: not available to sign	Date: 10/15/2019	
Employer Signature: Judy Parramore	Date: 10/15/2019	

No exit interview done.

EXIT INTERVIEW SURVEY

Name: Tatiana Levenar

Date: 10-15-2019

Division: Bureau of LE

Unit: LE Ops

Hire Date: 04-23-2018

Separation Date: 10-09-2019

Please rate each listed category using the following scale:

1 = Excellent

2 = Good

3 = Fair

4 = Poor

BENEFITS	PAY	
INTEREST IN PERSONNEL	GROWTH OPPORTUNITIES	INITIAL TRAINING
PHYSICAL WORKING CONDITIONS	INFORMATION SHARING	ADVANCED TRAINING
TREATING MEMBERS FAIRLY	UPHOLDING AGENCY VALUES	AGENCY MORALE
OPEN DOOR POLICY	UNIT MORALE	PERFORMANCE EVALUATION SYSTEM
HUMAN RESOURCES WAS HELPFUL AND KNOWLEDGEABLE	INSURANCE MET THE NEEDS OF MY FAMILY	COOPERATION AMONG ALL MEMBERS AND MANAGEMENT
EQUIPMENT PROVIDED TO DO MY JOB PROPERLY	EMPLOYEE RECOGNITION	RESOURCES PROVIDED TO DO MY JOB
INCENTIVE/BONUS	JOB POSTINGS OPPORTUNITIES WERE WELL POSTED	AGENCY CONCERN WITH QUALITY AND SERVICE TO COMMUNITY

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Please rate the following using this scale:

1 = Always

2 = Usually

3 = Seldom

4 = Never

SUPERVISOR RESOLVED COMPLAINTS AND CONCERNS PROMPTLY	SUPERVISOR LISTENED TO SUGGESTIONS FROM MEMBERS
SUPERVISOR ENCOURAGED COOPERATION	SUPERVISOR TREATED YOU FAIRLY

[REDACTED] _____
[REDACTED] _____

[REDACTED]
[REDACTED] _____

[REDACTED] _____

[REDACTED] _____

[REDACTED] _____

EMPLOYEE LEVENAR, TATIANA R. SSN: [REDACTED] DOB: [REDACTED] DOE: 4/23/2018 Division: Sheriff's Office Terminated on 10/9/2019 select Employee

EMPLOYEE ADMINISTRATION

Terminate Plan Elections - LEVENAR, TATIANA R.

Below is a list of plan elections that are currently effective or become effective at a future date. To change the termination date of a plan election, please provide the corresponding updated Termination Date. To delete a plan election, check the corresponding checkbox.

Benefit Plan	Coverage	Effective Date	Termination Date	Delete Election?
Medical  [793246]	LEVENAR, TATIANA R.	10/1/2019	10/31/2019	☐
Dental  [790710]	LEVENAR, TATIANA R.	10/1/2019	10/31/2019	☐
Vision  [790713]	LEVENAR, TATIANA R.	10/1/2019	10/31/2019	☐
Basic Life and AD&D  [790714]	\$39,000.00	10/1/2019	10/31/2019	☐
Voluntary Long-term Disability  [790726]	\$1,947.50	10/1/2019	10/9/2019	☐

SAVE

CANCEL

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EMPLOYEE LEVENAR, TATIANA R. SSN: [REDACTED] DOB: [REDACTED] DOE: 4/23/2018 Division: Sheriff's Office Terminated on 10/9/2019 [select Employee](#)

EMPLOYEE ADMINISTRATION

View History File - LEVENAR, TATIANA R.

To search for historical employee information, select which members to view information for and the number of records to display per page. Click the "search" button to perform search.

Select Date Span to

Select Users

All Users

Company Administrator [Company User] ☐

Colleen Boyer [Company User]

Judy Parramore [Company User] ☐

View information
for which members?Number of records
to display per page[SEARCH](#)[BACK](#)

Viewing records 1 to 3 of 3 returned employee history records for LEVENAR, TATIANA R.

PREVIOUS NEXT Show the following records

LEVENAR, TATIANA R. - COBRA Event occurred as a result of Voluntary Termination of Employee on 10/9/2019 entered by company administrator "irc_jparramore" at IP 12.97.144.34 - 10/29/2019 8:26:00 AM PDT

The following members were effected and will be sent COBRA notification:

LEVENAR, TATIANA R. - Plan enrollment terminated/delete by company administrator "irc_jparramore" at IP 12.97.144.34 - 10/29/2019 8:26:00 AM PDT

Medical election [effective 10/1/2019] Termination Date changed from 9/30/2020 to 10/31/2019

Dental election [effective 10/1/2019] Termination Date changed from 9/30/2020 to 10/31/2019

Vision election [effective 10/1/2019] Termination Date changed from 9/30/2020 to 10/31/2019

Basic Life and AD&D election [effective 10/1/2019] Termination Date changed from 9/30/2020 to 10/31/2019

Elections in the following contingent benefits have been terminated as a result:

Voluntary Long-term Disability election [effective 10/1/2019] Termination Date changed from 9/30/2020 to 10/9/2019

LEVENAR, TATIANA R. - Employee Status information edited by company administrator "irc_jparramore" at IP 12.97.144.34 - 10/29/2019 8:26:00 AM PDT

LEVENAR, TATIANA R. - Employment Status was changed from Active to Voluntary Terminated

LEVENAR, TATIANA R. - Reason for Status Change was changed from to Termination

LEVENAR, TATIANA R. - Status change Effective Date was set to 10/9/2019

LEVENAR, TATIANA R. - Final Payroll Date 10/25/2019 was added

[PRINT](#)[BACK](#)