

## SEPARATION REPORT – UNEMPLOYMENT INSURANCE QUESTIONNAIRE

(To be completed by the separating employee's immediate supervisor and signed by the employee)

Employee's Name:		Address:	
SS#:	Position Held:	Check Appropriate Box: <input type="checkbox"/> Regular <input type="checkbox"/> Extra Help <input type="checkbox"/> Provisional	
First Day in Appt:	Last Day in Appt:	Department:	Location:

### REASON FOR TERMINATION – ENTER APPLICABLE NUMBER

It is important that you report the facts of the separation as accurately as possible. If an agreement has been made with the employee to keep certain facts out of the written record, please contact Risk Management and explain verbally.

VOLUNTARY QUIT		DISCHARGE		A. If #09 or #27 is selected, complete the following:  Former employee is receiving or has filed for Worker's Compensation:  <input type="checkbox"/> Yes <input type="checkbox"/> No
01	Left of own accord, no reason given	20	Violation of County rule or policy	
02	To seek other employment	21	Excessive absenteeism/tardiness	
03	To accept other employment (employment ready and waiting)	24	Deliberate unsatisfactory performance	
04	Dissatisfaction with job (salary, hours, duties, etc.)	25	Unsatisfactory performance/not qualified	
05	To get married	26	Falsified records	
06	Left of own accord/personal domestic reasons	27	Mental/physical condition other than pregnancy (answer "A" to the right)	B. County equipment, property, and resources: Employee's signature below is acknowledgement that all County owned or controlled equipment, property, and resources, including computer access, will be returned by the end of the last day of employment. Failure to comply may result in action being taken, including prosecution.
07	Left area/changed residence	29	Discharge - other reason	
08	To attend school	30	Refused to follow instructions	
09	Mental/physical condition other than pregnancy (answer "A" to the right)	31	Intoxication and/or use of drugs	
10	Pregnancy	32	Immoral conduct	
11	Transportation difficulties	33	Refusal to accept transfer	
12	Voluntary retirement	34	Permanent lack of work/layoff	
13	Failed to appear or call	36	Wasteful or unauthorized use of funds, supplies, equipment	
14	Failed to return from leave of absence	37	Conviction of felony or misdemeanor involving moral turpitude	
15	Voluntary quit - other reason	38	Negligent or willful damage to public property	
16	Extra help - resign	39	Extra help – discharge	
17	Quit after reduction of hours	<b>OTHER</b>		
18	Failed to maintain license required by job	40	Compulsory or disability retirement	
		44	Industrial controversy	
		45	Extra help - reached 999 hours	
		46	Extra help - position or funding ended	
		49	Death	

C. For Personnel Department use only:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### GIVE COMPLETE DETAILS REGARDING ANY SEPARATION

Comments:

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title of Supervisor

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

## SANTA CRUZ COUNTY EMPLOYEE CHECK-OUT LIST

Employee Name \_\_\_\_\_ Separation Date \_\_\_\_\_

### SECTION I. EMPLOYEE'S SUPERVISOR:

Interview the separating employee using the attached Guide to Exit Interview (discard guide when interview is complete). Complete the separation report (PER5320) and obtain the employee's signature. Have the employee review the attached Separating Employee Information Packet and give the employee the packet (this only applies to "regular" non-extra help employees). Make sure your departmental Personnel liaison has the address where PERS can send information to the employee (if the employee is unavailable, see "NOTE" below).

Complete, sign, and date this section. **Please write in N/A for items that do not apply.** Obtain the employee's signature below (does not apply to extra help) before forwarding the following to your departmental Personnel Liaison immediately: this form (PER5320), Employee Check-Out List (PER1900B), and all supporting documentation (e.g., letter of resignation, layoff notice, notice of dismissal, etc).

- ☐ A. Separation Report – Unemployment Insurance Questionnaire (PER5320) completed.
- ☐ B. Copy of Separating Employee Information Packet given to employee (does not apply to extra help).
- ☐ C. Departmental Property received (keys, fuel card, tools, etc.) **or** Date to be received: \_\_\_\_\_
- ☐ D. For HSD separations, promptly submit form WEL79 via MyPortal. For all others, promptly report the separation to your Departmental Technology Coordinator (DTC) to have associated user account(s) disabled. See ISD's intranet site for a list of DTCs.
- ☐ E. Documentation of separation (letter of resignation, notice of dismissal, etc.).
- ☐ F. Conflict of Interest Report. If this employee is required to complete an Annual Conflict of Interest Report, the employee must also file a "leaving office" report within 30 days of separation or risk a fine from the State Fair Political Practices Commission. Make sure such employees are notified to complete the form on NetFile or are provided a copy of the Conflict of Interest Report (copies are available from the Elections Office) so they can file the leaving office statement.

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**For regular budgeted employees only:** I have received a copy of the Separating Employee Information Packet which includes information about Temporary Prohibition on Former County Employees Engaging in Lobbying Activities, COBRA, Life Insurance, Flexible Spending Account, Conflict of Interest Statement, Future Employment with Santa Cruz County, Unemployment Benefits, Deferred Compensation and Retirement.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

### SECTION II. DEPARTMENT PERSONNEL LIAISON:

Complete the appropriate Personnel Action Form and obtain necessary signatures on the documentation. Attach all required documentation to the signed action form and forward to Personnel. Make sure you have the current/new address of the employee (please submit separately) and write in new address on the Action Form. **Please write in N/A if Change of Address does not apply.**

- ☐ A. Personnel Action Form completed and signed by department head with Separation Report - Unemployment Insurance Questionnaire (PER5320), Employee Check-Out List (PER1900B), and supporting documentation from employee's supervisor attached.
- ☐ B. Change of Address Form (PER1209) completed by employee/departmental personnel liaison, if applicable (submitted separately).

NOTE: If the employee is unavailable, be SURE to mail the employee a copy of the "Separating Employee Information Packet" and note here the date this was mailed: \_\_\_\_\_.

If an employee has failed to return keys, fuel card, tools, or the like, ask the Auditor's Office to return the employee's final check to the department to hold until item(s) are returned.

Personnel Liaison Signature \_\_\_\_\_ Date \_\_\_\_\_

## GUIDE TO EXIT INTERVIEW

### CODE REASON FOR SEPARATION (Information to Determine)

#### **(01) LEFT OF OWN ACCORD**

1. Background details that may have motivated resignation.
2. Address where an inquiry could be sent.

#### **(02) TO SEEK OTHER EMPLOYMENT**

1. Location, what type of employment?

#### **(03) TO ACCEPT OTHER EMPLOYMENT (employment ready and waiting)**

1. Name of new employer?
2. Actual start date of new job?
3. Occupation?
4. If it is out of town, will employee be moving? When?
5. New salary (if possible).
6. Promotion, better job, etc.?

#### **(04) DISSATISFACTION WITH JOB**

1. Was it lack of interest in job?
2. What caused lack of interest?
3. Does employee have complaints on supervision?
4. What are the complaints?
5. Was employee properly trained and instructed?
6. Did employee think so?
7. Did employee feel that there was opportunity for advancement?
8. Was employee satisfied with wages, hours, and fringe benefits?
9. Was job what it was represented to be at the time of hire?
10. Did employee request a transfer?

#### **(05) TO GET MARRIED**

1. When will marriage take place?
2. Will employee move from area? Where? When?
3. Will employee work after marriage?
4. Was leave of absence requested? Offered?

#### **(06) LEFT OF OWN ACCORD - PERSONAL/DOMESTIC REASON**

1. Did spouse request employee to quit?
2. Will employee remain at home?
3. Is care of child involved? Explain (illness of child, loss of babysitter).
4. Is someone ill in the family? Who?
5. Nature of the illness?
6. How much time will be involved in care of the ill person?
7. How long has present condition existed?
8. Why must employee take the responsibility?
9. Has ill person been hospitalized, or under doctor's care?
10. Who else is available to care for person?
11. Will employee be available for part-time work?
12. Will employee retire from labor market?
13. When does employee expect to re-enter labor market?
14. Was a leave of absence offered? Refused?

#### **(07) LEFT AREA/CHANGED RESIDENCE**

1. When is employee leaving?
2. Where is employee moving?
3. Why is employee moving?
4. Is employee accompanying spouse? Does spouse have job in new area? Whose decision was it to move?
5. Will employee seek work?
6. Does employee have job in new area? If so, where and when will job begin?

#### **(08) TO ATTEND SCHOOL**

1. Name of school? Location?
2. When will employee start school? Full- or part-time? Hours?
3. Does employee anticipate working?
4. Type of courses? Are they related to the job?
5. Was part-time work, leave of absence, or change of hours requested? Discussed? Denied? Refused by employer? Why?
6. Will employee be available for work during school vacations?

#### **(09) MENTAL/PHYSICAL CONDITION (other than pregnancy)**

1. Is employee under doctor's care; is or will be hospitalized?
2. Type of illness?
3. Reason illness necessitates termination of work. Documentation from doctor?
4. Estimated period of time before employee can be expected to work again?
5. Whether or not employee intends to work again.
6. Eligible for sick leave? How much available?
7. Was leave of absence requested?
8. Was leave refused by employer?
9. Is illness job connected? (If so, explain.)
10. Was a leave of absence offered?

#### **(10) PREGNANCY**

1. When is baby due?
2. How long will doctor allow employee to work? How soon after birth?
3. Did we request employee to leave? Why?
4. Did employee resign of own accord? Why?
5. Was leave of absence requested? Refused by employer?
6. Was leave of absence offered by employer and refused by employee?
7. Does employee intend to work after birth of child? How soon?
8. Who will care for child if employee returns to work?

#### **(11) TRANSPORTATION DIFFICULTIES**

1. How had employee been commuting to and from work?
2. Length of time required in commuting? Distance?
3. How long had these facilities been used?
4. What caused this means of transportation to end?
5. Was this means of transportation used and relied upon at the time the job was accepted?
6. Cost per day?
7. What efforts has the employee made to obtain other transportation?
8. Can employer assist in securing transportation? (example: car pools, other employees living near employee, etc.)
9. Is this situation due to employee changing residences?

#### **(12) VOLUNTARY RETIREMENT**

1. Does employee intend to remain in area?
2. Did employee request early retirement? If so, for what reason?
3. Is employee able to return to work?
4. Does employee plan to work elsewhere?
5. Is a lay-off or reduction related to the retirement in any way? Explain.

#### **(13) FAILED TO APPEAR OR CALL**

1. Dates employee failed to appear.
2. Time when response should have been made.
3. Background details that may have motivated failure to appear or call.

#### **(14) FAILED TO RETURN FROM LEAVE OF ABSENCE**

1. Why did employee fail to return from leave of absence?
2. What was period of leave of absence granted?
3. Failed to contact us at the end of leave of absence?
4. Resigned at the end or during leave of absence?
5. Was job available at the end of leave of absence?
6. Was extension of leave of absence refused by employer or employee? If so, why?
7. How and when did employee communicate with employer?

#### **(15) VOLUNTARY QUIT - OTHER REASON**

1. Provide all relevant facts.

#### **(16) EXTRA-HELP RESIGN**

1. Provide all relevant facts.

#### **(17) QUIT AFTER REDUCTION OF HOURS**

1. What caused the reduction of hours?
2. What date did it occur?
3. Why was the employee unwilling to accept reduced hours?
4. Has the employee secured full-time work?

**(18) FAILED TO MAINTAIN LICENSE REQUIRED BY JOB**

1. When did license expire?
2. How did employer discover failure to maintain license?
3. What caused failure to maintain license?

**(20) VIOLATION OF COUNTY RULE OR POLICY**

1. Was this the first instance?
2. Was employee warned? If so, give dates and types of warning(s).
3. Is this type of infraction known as an infraction of rules by all employees?

**(21) EXCESSIVE ABSENTEEISM/TARDINESS**

1. Was employee warned? If so, give dates and types of warning(s).
2. Describe final incident.

**(24) DELIBERATE UNSATISFACTORY PERFORMANCE**

1. What procedure did employee fail to follow?
2. Was employee warned? If so, give dates and types of warning(s).
3. How did employee fail? How do you know it was deliberate?
4. How did employee receive knowledge of procedures? By posting or handbook?
5. What was the final incident which directly led to termination?

**(25) UNSATISFACTORY PERFORMANCE/NOT QUALIFIED**

1. Explain manner in which employee lacked experience to perform job.
2. Was employee qualified to perform another job requiring less experience? If so: what job, rate of pay, did employee decline this job?
3. Has work performance been unsatisfactory since hire?
4. How was work unsatisfactory?
5. Were job duties explained to employee when hired?
6. Was employee previously warned and advised to improve job performance?
7. Was employee's poor performance due to physical impairments?
8. Does supervisor believe employee is capable of satisfactory performance? If so, explain.
9. Was employee simply unable, through no fault of his/her own, to perform the job? Why do you think so?

**(26) FALSIFIED RECORDS**

1. What was the nature of the falsification?
2. Did employee falsify application?
3. If falsification were on the employment application, would the individual have been hired had there been no misrepresentation? If not, explain in detail.

**(27) MENTAL/PHYSICAL CONDITION (other than pregnancy)**

1. Is employee under doctor care? Is or will be hospitalized?
2. Type of illness.
3. Reason illness necessitates termination of work.
4. Estimated period of time before employee can be expected to work again.
5. Whether or not employee intends to work again.
6. Was leave of absence requested? Suggested? Refused by employer?
7. Is illness job connected? If so, explain.

**(29) DISCHARGE - OTHER REASON**

1. Explain in detail.

**(30) REFUSAL TO FOLLOW INSTRUCTIONS**

1. Why did employee refuse?
2. Was this the only instance or refusal?
3. What did employee refuse to do?
4. Who issued the orders?
5. Was the work assigned a normal part of the job?
6. If assignment was not a normal part of job, was it temporary, or due to an emergency?
7. Was employee warned? If so, give dates and types of warning(s).
8. What was the final specific incident that directly led to termination?

**(31) INTOXICATION AND/OR USE OF DRUGS**

1. How determined?
2. Who determined fact?
3. Had there been previous instances? Warnings?
4. Explain the final incident?

**(32) IMMORAL CONDUCT**

1. Give specific details.

**(33) REFUSAL TO ACCEPT TRANSFER**

1. Why did employee refuse?
2. Was this the only instance of refusal?
3. What did the employee refuse to do?
4. Who issued the orders?
5. Was the work assigned a normal part of the job?
6. If not, was it temporary or due to an emergency?
7. Was employee warned? If so, give dates and types of warning(s).
8. What was the final specific incident that led to termination?

**(34) PERMANENT LACK OF WORK/LAY-OFF**

1. Did employee have bumping rights?
2. Was any other job available for transfer?
3. Did employee decline to transfer or exercise bumping rights?
4. If transfer or bumping had been accepted, would salary have been reduced?
5. Would employee be recommended for rehire?

**(36) WASTEFUL OR UNAUTHORIZED USE OF FUNDS, SUPPLIES, EQUIPMENT**

1. Give complete details.

**(37) CONVICTION OF FELONY OR MISDEMEANOR INVOLVING MORAL TURPITUDE**

1. What was date of conviction?
2. Was the incident job connected or related?

**(38) NEGLIGENT OR WILLFUL DAMAGE TO PUBLIC PROPERTY**

1. Was there more than one incident? If so, were there warnings? Dates.
2. How was the damage discovered?
3. Why do you consider it willful?

**(39) EXTRA HELP - DISCHARGE**

1. Give complete details, including dates of warnings and final incident.

**(40) COMPULSORY OR DISABILITY RETIREMENT**

1. Is retirement mandatory?
2. Does employee plan to remain in area?
3. Has employee applied for social security?
4. Is employee able to work?
5. Does employee plan to work elsewhere?

**(44) INDUSTRIAL CONTROVERSY**

1. Is employee member of the striking bargaining unit?
2. Did employee refuse to cross a picket line?
3. If the employee is willing to work, is it available?
4. What is the nature of the strike?

**(45) EXTRA HELP - REACHED 999 HOURS**

1. Date employee reached 999 hours?
2. Do you plan to rehire employee next fiscal year?
3. Would you recommend employee to other departments?

**(46) EXTRA HELP - POSITION OR FUNDING ENDED**

1. What type of work, special project, etc. was employee performing?
2. Why did funding or position end?
3. Do you plan to rehire? Would you rehire if funding available?
4. Would you recommend employee to other departments?

**(49) DEATH**



## COUNTY OF SANTA CRUZ SEPARATING EMPLOYEE INFORMATION PACKET

Employees separating from budgeted positions within the County of Santa Cruz have options available regarding health benefits, insurance coverage, and future employment with the County, which are outlined in this notice. Some separating employees may be required to file a Conflict of Interest Statement under State law as described in item D of this document.

### **A. HEALTH INSURANCE**

If you are enrolled in a CalPERS group health plan and lose coverage as a result of your separation from County service, a COBRA (Consolidated Omnibus Budget Reconciliation Act) packet on continuation of benefits will be mailed to the mailing address on file following your separation.

If you or your qualified dependent (s) are interested in continuing this coverage, you must complete the required forms provided in the COBRA packet and return these forms to the Benefits Unit of the Personnel Department no later than 60 days from the date of your notification. For questions regarding continued coverage please contact the Benefits Unit Hotline at (831) 454-2241 or email the Benefits Unit at [benefits.questions@santacruzcounty.us](mailto:benefits.questions@santacruzcounty.us).

- **If you retire through the CalPERS retirement system and are enrolled in a CalPERS medical plan on the date you separate from County service, you are eligible to continue participation in that medical plan provided your retirement date through CalPERS is within 120 days of your separation date.**

Information regarding retiree medical plans is available from the CalPERS website at: [www.calpers.ca.gov](http://www.calpers.ca.gov) or by calling (888) 225-7377.

### **B. LIFE INSURANCE**

Employees have 30 days following their separation date from County service to convert their basic group life insurance to an individual policy. Employees who are participants in the voluntary life insurance program with the County through payroll deduction have 30 days following their separation date from County service to convert this coverage to an individual policy.

Information on how to obtain a quote for life insurance conversion will be contained in the COBRA (Consolidated Omnibus Budget Reconciliation Act) benefit continuation packet that will be mailed to your mailing address on file following your separation.

### **C. FLEXIBLE SPENDING ACCOUNT**

Employees separating from County service, who participate in the Flexible Spending Account (FSA), may continue their participation in this benefit plan for the current plan year only. To continue participation, you must elect this coverage on the form provided in the COBRA packet that will be mailed to the mailing address on file and return the completed form to the Benefits Unit no later than 60 days from the date of notification.

Separating employee's may utilize their FSA debit card or make claim for qualifying FSA expenses **until their separation date only** unless COBRA continuation of FSA is elected.

- **Failure to elect COBRA continuation of FSA within 60 days of the COBRA notice will result in the forfeiture of any balance of funds remaining in your FSA.**

### **D. FILING CONFLICT OF INTEREST STATEMENT UPON SEPARATION**

Employees who are required to file an annual Conflict of Interest Statement under the Political Reform Act of 1974 must file a "Separation from Office" statement within 30 days of separation from County service. Failure to do so may result in a significant fine assessed by the State Political Practices Commission. If the filing requirement applies to you, **IT IS YOUR RESPONSIBILITY** to ask your department for a copy of the statement upon your separation from County service. The statement should be completed electronically or delivered (mailed or personally delivered) to the County Clerk, County of Santa Cruz, 701 Ocean St., Room 310, Santa Cruz, CA 95060, within 30 days of separation from County service.

### **E. OPTIONS FOR FUTURE EMPLOYMENT WITH SANTA CRUZ**

If you have attained permanent status in your budgeted position with the County of Santa Cruz, reinstatement or re-employment privileges may apply should you desire to return to work with the County of Santa Cruz. For further information, please contact the Employee Services Division of the Personnel Department at (831) 454-2600.

### **F. UNEMPLOYMENT BENEFITS**

The State Unemployment Insurance (UI) Program provides weekly UI payments for workers who lose their job through no fault of their own. If you apply for UI benefits, you will be asked for the name and address of your former employer. The employer should be referenced as: County of Santa Cruz, Risk Management Division, 701 Ocean St., Room 510, Santa Cruz, CA 95060, regardless of the location of your worksite or department. Please contact Personnel at (831) 454-2600 for more information.

In accordance with CA Government Code Section 21224, if you are retired and apply for and receive UI compensation at the end of a permanent or extra help appointment, the County of Santa Cruz cannot reemploy you for a period of 12 months following the last day in which you collected UI. If you plan to return to work as extra help for the County within one year of separating employment, the County is prohibited from reemploying you.

## **G. DEFERRED COMPENSATION**

Employees receiving a lump sum payout of the value of their accrued time off, upon separation from County employment (i.e. annual leave, vacation, sick leave), may be able to have these accrued time off values added to their deferred compensation plan. Accrual values added to the participant's Deferred Compensation plan may not exceed the maximum amount allowed under the Internal Revenue Code for that year. By selecting this option, the separating employee can defer taxability of this amount until a later date. Please be aware that you must submit your completed request to the Personnel Department, Benefits Office Rm. 510 the month prior to your separation date and at least one pay period before your separation date. For additional information, please contact Personnel at (831) 454-2600.

The Internal Revenue Service requires that deferred compensation plan participants notify the Deferred Compensation Plan Administrator, MissionSquare, at (800) 669-7400 regarding any distribution of funds.

## **H. PUBLIC EMPLOYEE'S RETIREMENT SYSTEM INFORMATION**

The following options are available, regarding the disposition of your retirement contributions, at the time of separation from County service:

1. If eligible, you may retire by completing an application to CalPERS. The eligibility requirement for retirement is at least 5 years of service with a CalPERS agency and have attained at least 50 years of age.
2. You may leave your contributions in the CalPERS system and retain your membership in the CalPERS system. If you are not of retirement age yet, or do not have 5 years of service with a CalPERS agency, the County will notify CalPERS of your separation date and CalPERS will send you election forms with instructions to your mailing address.

**Since information is mailed to the employee's mailing address on file, it is important that you notify your departmental personnel liaison of your correct address.**

## **I. TEMPORARY PROHIBITION ON FORMER COUNTY EMPLOYEES ENGAGING IN LOBBYING ACTIVITIES**

In accordance with County Code Chapter 2.29, Former employees are prohibited for a period of one (1) year from their last day of employment with the County from engaging in lobbying activities on any issue related to or involving the subject matter of their former employment. For additional information see County Code Article 2.29.



# County of Santa Cruz

## PERSONNEL DEPARTMENT

AJITA PATEL, DIRECTOR

701 OCEAN STREET, SUITE 510, SANTA CRUZ, CA 95060-4073

(831) 454-2600 FAX: (831) 454-2411 TDD: 711

### Important Information for Separating Employees who Participate in the County's 457 Deferred Compensation Plan

Dear County Employee:

You have several options available to you regarding your 457 deferred compensation account if you are planning to separate employment. Please be aware that you can leave your money in the County's plan to continue receiving personalized service, financial planning services and access to low-cost mutual funds and low administrative fees.

- Option 1. Commence a systematic (monthly/semi-annually/annually) distribution of your account balance.
- Option 2. Take a fully taxable lump sum distribution of your account balance (Roth assets are non-taxable).
- Option 3. Leave your money in the County's plan; The plan assets will grow tax deferred until you reach age 72 at which time minimum distributions are required.
- Option 4. Request a Direct Rollover to your new employer's plan or to an IRA. Please be aware that a transfer to an IRA or another employer's retirement plan may jeopardize your ability to take a penalty-free distribution prior to age 59 ½.

#### Rollover Option

You may rollover all or a portion of your **annual/vacation/sick/administrative leave** accruals into your 457 deferred compensation account (subject to the IRS maximum limits)

#### **If you would like to defer any of your accrued leave hours, you must do the following:**

1. **Complete** the Deferral Election form (department head authorization required) AND Deferred Compensation Deduction form **while you are still employed by the County;**
2. **Submit** the original Deferral Election form and Deferred Compensation Deduction form to the Personnel Department **four weeks prior to your separation date in order to meet IRS rules and regulations and the Auditor's Office payroll deadlines.**

**IMPORTANT NOTICE:** The County shall in no way be liable should the requested deferral not occur because of untimely submission of the necessary documents or for any other reason. In the event the deferral does not occur, you shall receive accrual payoff in accordance with established payroll procedures.

Please contact **Ray Ortiz**, of MissionSquare Retirement, at 202-759-7126 or at [rortiz@missionsq.org](mailto:rortiz@missionsq.org) for any questions you may have regarding your account or visit [www.missionsq.org/santacruzca](http://www.missionsq.org/santacruzca) to login in your account. You may also contact Franchezca Diaz, in the Personnel Department, at 831-454-2926.