Separation of Employment Packet

City of Amarillo Human Resources Department
Monday-Friday, 8am to 5pm
Email: Benefits@amarillo.gov
Phone: (806) 378-4235
In Person: City Hall, 623 S. Johnson St, First Floor, Rm. 1100

Benefits Information

Medical (including Prescription), Dental, and Vision Insurance

- Medical, dental, and vision coverage will terminate at the end of the pay period in which your employment ends (refer to the enclosed Payroll Calendar). COBRA rates can be found on the internet site amarillo.gov/handbook, click on Employee Benefits, and look under Termination of Employment section.
- COBRA election notices will be mailed to your home address by the COBRA administrator Inspira Financial within 14 calendar days of receiving notification from the City of Amarillo that a qualifying event occurred. Employees have 60 calendar days from the termination date to decide whether to elect COBRA. You and/or your enrolled dependents may elect to continue coverage under COBRA. If COBRA is elected, the first premium payment is due within 45 days of the election date.
- If you have questions about enrolling in COBRA, contact the COBRA Administrator Inspira Financial at (888) 678-8242.

Life Insurance and Long-Term Disability

- Basic/Additional life insurance and long-term disability coverage through The Standard Life Insurance Company "The Standard" will end on your last day of employment.
- Eligible employees and covered dependents may have the option to continue coverage through portability (for insureds under age 75) or conversion.
- Elections to port or convert coverage must be made within 45 calendar days of your termination date.
- The Standard will mail out a portability/conversion notification to your home address after separation of employment is received from the City of Amarillo.
- If you have questions about porting or converting life insurance and/or long-term disability (if enrolled at time of separation), please contact The Standard at (800) 378-4668 or by email CBT@standard.com.

Flexible Spending Accounts (FSAs) and COBRA

- Healthcare and Dependent Care Flexible Spending Accounts (FSAs) will end on your last day of employment. Eligible expenses incurred on or before your termination date may still be submitted for reimbursement in accordance with plan guidelines up to 14 calendar days after your termination date.
- COBRA election notices will be mailed to your home address by the COBRA administrator Inspira Financial within 14 calendar days of receiving notification from the City of Amarillo that a qualifying event occurred. Employees have 60 calendar days from the termination date to decide whether to elect COBRA. If COBRA is elected, the first premium payment is due within 45 days of the election date.
- Dependent Care FSAs are not eligible for COBRA continuation.

Flexible Spending Accounts (FSAs) - Continued

- See information below regarding COBRA continuation if enrolled in the Healthcare FSA.
  - Underspent Account - If you have contributed more to your FSA than you have used, you are eligible to enroll in COBRA for the Healthcare FSA. This allows you to continue making after-tax contributions and access your remaining annual election amount through the end of the calendar year. COBRA premiums are calculated based on the remaining contribution owed for the year, plus the applicable 2% administrative fee for services through the eligible plan year.
  - Overspent Account – If you have been reimbursed for more than you have contributed at time of termination, the Healthcare FSA is not eligible for COBRA.
- If you have questions about enrolling in COBRA, contact the COBRA Administrator Inspira Financial at (888) 678-8242.

Texas Municipal Retirement System (TMRS)

- If you are vested (five or more years of service), you may leave your contributions in your TMRS account until retirement. Your account will continue to earn 5% annual interest.
- If you are not vested (less than five years of service), you may leave your contributions in your TMRS account for up to five years following your separation date. During this period, your account will continue to earn 5% annual interest. After five years, you must refund your account, and your TMRS membership will terminate.
- You may request a refund of your TMRS account online at www.tmrs.com or by phone at (800) 924-8677. Please note refund processing may take up to two months.

Amarillo Fireman's Relief and Retirement Fund (AFRRF)

If you have questions about your pension benefit, please contact the City of Amarillo's Finance Department at (806) 378-3040.

457 Deferred Compensation and OBRA Plan

For questions regarding distributions, withdrawals, or rollover options, contact Nationwide at (877) 677-3678. Distribution requests can be initiated one week after your final paycheck is received by calling Nationwide or logging into your account at www.nrsforu.com.

AFLAC

- If you wish to continue your AFLAC coverage after separation, contact AFLAC at (806) 678-8441.
- Continuation elections must be made within 30 days of your separation date, and premiums will be paid directly to AFLAC.

Other Information

Change of Address

It is important to keep your mailing address current following your separation from employment to ensure you receive important documents, including tax forms, retirement-related correspondence, and other benefits information. Address changes can be done through Workday prior to your separation date and after your separation date you can send an email to the Human Resources Department at benefits@amarillo.gov or by phone at (806) 378-4235. Address changes for TMRS or AFRRF must be made by contacting TMRS or the Finance Department using the contact information provided above.

Copy of Paystubs or Tax Documents

Copies of paystubs or tax documents are available through your Workday account prior to your separation. After separating from the City, contact the Payroll Department at (806) 378-6461, if you have questions regarding these documents.

Final Paycheck

- Your final paycheck will be issued on the next regularly scheduled payday and will be distributed using the payment method you had established prior to your separation from employment.
- Any eligible payout of accrued leave balances will be included in your final paycheck in accordance with applicable policies.
- Outstanding debts or financial obligations owed to the City may be deducted from your final paycheck to the extent permitted by law.
- If you have questions regarding your final paycheck, please contact the Payroll Department at (806) 378-6461.

Sworn Firefighters and Police Officers – Sick Leave Payout

In accordance with City policy, sworn Firefighters and Police Officers are eligible to receive payment for 100% of their accrued sick leave upon separation from employment, regardless of years of service, up to a maximum of 90 days. If a former employee who has received a sick leave payout is later rehired by the City of Amarillo in a Firefighter or Police Officer position, the employee must repay the previously paid sick leave at its current dollar value before returning to employment. Upon repayment, the employee will receive sick leave credit equivalent to the repaid amount, based on the current value of a working day as determined by the employee's base rate of pay at the time of reemployment.

Acknowledgment of Receipt

By signing below, I acknowledge that I have received the Separation Information packet and referenced enclosure(s).

Employee Number: _____

Employee Name (Printed): _____

Employee Signature: _____

Date: _____

Enclosures:
1) Payroll Calendar
2) Check Release

2026 Payroll Schedule

		BEG DATE	END DATE	PAY DATE	
1		12/11/2025	12/24/2025	1/2/2026	Christmas Eve
2		12/25/2025	1/7/2026	1/16/2026	Christmas Day and New Years Day
3		1/8/2026	1/21/2026	1/30/2026	
4		1/22/2026	2/4/2026	2/13/2026	
5		2/5/2026	2/18/2026	2/27/2026	President's Day
6		2/19/2026	3/4/2026	3/13/2026	
7		3/5/2026	3/18/2026	3/27/2026	
8		3/19/2026	4/1/2026	4/10/2026	
9		4/2/2026	4/15/2026	4/24/2026	Good Firday
10		4/16/2026	4/29/2026	5/8/2026	
11		4/30/2026	5/13/2026	5/22/2026	
12		5/14/2026	5/27/2026	6/5/2026	Memorial Day
13		5/28/2026	6/10/2026	6/18/2026	
14		6/11/2026	6/24/2026	7/2/2026	Juneteenth
15		6/25/2026	7/8/2026	7/17/2026	Independence Day
16		7/9/2026	7/22/2026	7/31/2026	
17		7/23/2026	8/5/2026	8/14/2026	
18		8/6/2026	8/19/2026	8/28/2026	
19		8/20/2026	9/2/2026	9/11/2026	
20		9/3/2026	9/16/2026	9/25/2026	Labor Day
21		9/17/2026	9/30/2026	10/9/2026	
22		10/1/2026	10/14/2026	10/23/2026	
23		10/15/2026	10/28/2026	11/6/2026	
24		10/29/2026	11/11/2026	11/20/2026	Veterans Day
25		11/12/2026	11/25/2026	12/4/2026	
26		11/26/2026	12/9/2026	12/18/2026	Thanksgiving Day and Day after Thanksgiving
1		12/10/2026	12/23/2026	1/1/2027	
2		12/24/2026	1/6/2027	1/15/2027	Christmas Eve, Christmas Day, New Years Day
3		1/7/2027	1/20/2027	1/29/2027	
4		1/21/2027	2/3/2027	2/12/2027	
5		2/4/2027	2/17/2027	2/26/2027	
6		2/18/2027	3/3/2027	3/12/2027	

CITY OF AMARILLO TERMINATION CHECK RELEASE

This is to certify that _____ has terminated employment with the City of Amarillo effective _____, 20____.

SECTION 1: THE EMPLOYEE HAS TURNED IN THE BELOW ITEMS ISSUED BY THE CITY OF AMARILLO:

***NOTE**: *Any item marked 'No' requires an accounting/explanation.*

(1) Purchasing and/or Wal-Mart card(s), Sam's Warehouse, Home Depot, and Tax Exempt Certificate card(s) and has represented that all current and/or unreviewed charges are directly related to his/her employment with the City of Amarillo. ☐ Yes ☐ No ☐ Not applicable

2) ID badge ☐ Yes ☐ No ☐ Not applicable ($15.00 charge) Amt $ _____

3) Keys ☐ Yes ☐ No ☐ Not applicable Amt $ _____

4) Uniforms and/or other City of Amarillo issued property ☐ Yes ☐ No ☐ Not applicable Amt $ _____

SECTION 2: THE EMPLOYEE HAS THE FOLLOWING INDEBTEDNESS TO THE CITY IN ADDITION TO THE ABOVE LISTED ITEMS:

1) Tuition ☐ Yes ☐ Not applicable Amt $ _____

2) Safety footwear, prorated amt (probationary employees only): (price / 52 wks X wks remaining in probation yr) Amt $ _____
(ref: Safety Footwear Policy, page 5)

I authorize the City of Amarillo to deduct, from wages otherwise due to me, the sum of $ _____

for the above listed items and for the following unreturned/unpaid items: _____

_____

Employee: I understand that my Health and Dental Plan coverage will terminate on the last day of the pay period in which my employment with the City of Amarillo ends. _____ (initials)

_____Employee Signature

The employee has complied with all the requirements of this department as indicated above.

_____Department Head or Supervisor

If applicable this is to certify that the Purchasing Card and/or Wal-Mart Card, Sam's Warehouse, Home Depot and COA Tax-exempt Certificate card(s) issued to the above named employee has been received by the Purchasing Department.

_____Purchasing Department

If separated employee desires final check for wages due be mailed by regular mail, print address and sign below:

_____
Address

_____
City / State Zip

_____
Signature Date

Person authorized to pick up final check if other than separated employee:

Name: _____

_____
Separating Employee's Authorizing Signature

Separated employee or individual authorized to pick up check must sign below at the time the final check for wages due is picked up in the Accounting Department.

_____
Signature Date

Revised 02/2023