

EXIT INTERVIEW FORM

NAME _____ SOCIAL SECURITY # _____

POSITION _____ DEPARTMENT/CAMPUS _____

FORWARDING ADDRESS _____

Dates Worked: BEGINNING DATE _____ ENDING DATE _____

Check appropriate type of termination:

- | | |
|---|--|
| <input type="checkbox"/> Dismissal | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Nonrenewal | <input type="checkbox"/> Reduction in force |
| <input type="checkbox"/> Resignation | <input type="checkbox"/> Extended disability |
| <input type="checkbox"/> With notice | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Without notice | |

Check all reasons for leaving (to be completed for all voluntary resignations):

- | | |
|---|---|
| <input type="checkbox"/> Moving from district | <input type="checkbox"/> Family circumstances |
| <input type="checkbox"/> Returning to school | <input type="checkbox"/> Position with other district |
| <input type="checkbox"/> Took a new position | <input type="checkbox"/> Dissatisfied with type of work |
| <input type="checkbox"/> Other: _____ | |

Comments: _____

Check-out procedures

Where applicable, review and discuss the following items:

- | | |
|--|-----------------|
| <input type="checkbox"/> District property | |
| _____ Keys | _____ Equipment |
| _____ Books | _____ Other |

Comments: _____

Principal / Supervisor Signature

Date

OFFICE USE ONLY:

FACT Clearinghouse: unsubscribe

DATE

INITIAL

EMPLOYEE SEPARATION QUESTIONNAIRE

| Please rate your experience with the district | Excellent | Good | Fair | Poor | Comments |
|---|-----------|------|------|------|----------|
| Working relationship with your supervisor | | | | | |
| Cooperation within department | | | | | |
| Cooperation with other departments | | | | | |
| Adequacy of orientation and training | | | | | |
| Workload | | | | | |
| Physical working conditions | | | | | |
| Availability of materials and equipment | | | | | |
| Evaluation procedures | | | | | |
| Recognition on the job | | | | | |
| Employee benefits | | | | | |
| Communications within the district | | | | | |
| Central administration support | | | | | |
| Community support for district | | | | | |
| Overall experience | | | | | |
| Additional comments: | | | | | |

What did you like about your experience as a district employee?

What did you dislike about your experience as a district employee?

Do you have any comments or suggestions to improve the district?
