

EXIT INTERVIEW FORM**Name:** _____ **Dates employed:** _____**Position:** _____ **Dept/Campus:** _____**Forwarding address:** _____
_____**Phone:** _____**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"/> Took a new position |
| <input type="checkbox"/> Returning to school | <input type="checkbox"/> Dissatisfied with type of work | <input type="checkbox"/> Position w/other district |
| <input type="checkbox"/> Other: _____ | | |

Comments: _____

_____**Check-out procedures****Business Office**

-
- Health insurance
-
-
- Group life insurance
-
-
- Unemployment insurance
-
-
- Disability insurance
-
-
- Compensatory time
-
-
- Other _____

Technology Dept.

-
- Return of district tech & computer equipment
-
-
- Removal from district network & e-mail
-
-
- Other _____

Principal/Supervisor

-
- Return Keys
-
-
- Books/Grades
-
-
- Other _____

Administration

-
- Authorization for release of employment information
-
-
- Other _____

Comments: _____

Interviewed by _____

Date _____

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/facilities					
Availability of materials and equipment					
Evaluation procedures					
Recognition on the job					
Employee benefits					
Communication within the district					
Central administration support					
Community/parent support					
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? _____

Would you recommend the district to others as a place to work?

Yes

Yes, with reservations

No

Why? _____

Employee signature

Date