

EXIT INTERVIEW FORM

Name _____ Dates employed _____

Position _____ Department/campus _____

Forwarding address _____

Phone _____

Check appropriate type of termination:

- Dismissal
- Nonrenewal
- Resignation
 - _____ With notice
 - _____ Without notice
- Retirement
- Reduction in force
- Extended disability
- Other _____

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

- Moving from district
- Returning to school
- Other: _____
- Family circumstances
- Dissatisfied with type of work
- Took a new position
- Position w/other district

Comments: _____

Check-out procedures

Where applicable, review and discuss the following items:

- Health insurance
- Group life insurance
- Unemployment insurance
- Disability insurance
- Compensatory time
- Return of district property
 - _____ Keys _____ Equipment
 - _____ Books _____ Other
- Notification to court and recipient of child or spousal support
- Authorization for release of employment information

Comments _____

Interviewed by _____

Date _____