

EMPLOYEE EXIT INTERVIEW FORM



PERSONAL INFORMATION

Date:

Name:

Location/Department:

Hire Date:

Starting Position:

Starting Salary:

Social Security Number:

Supervisor:

Termination Date:

Ending Position:

Ending Salary:

REASON(S) FOR LEAVING

More than one reason may be given if appropriate.

RESIGNATION:

- | | |
|---|--|
| ☐ Took another position | ☐ Dissatisfaction with salary |
| ☐ Pregnancy, home, and/or family needs | ☐ Dissatisfaction with type of work |
| ☐ Poor health and/or physical disability | ☐ Dissatisfaction with supervisor |
| ☐ Relocation to another city | ☐ Dissatisfaction with co-workers |
| ☐ Travel difficulties | ☐ Dissatisfaction with working conditions |
| ☐ To attend school | ☐ Dissatisfaction with benefits |
| ☐ Other (specify): <input type="text"/> | |

LAID OFF:

- | | |
|--|--|
| ☐ Lack of work | ☐ Voluntary retirement |
| ☐ Abolition of position | ☐ Disability retirement |
| ☐ Lack of funds | ☐ Regular retirement |
| ☐ Other (specify): <input type="text"/> | |

RETIREMENT:

Plans After Leaving:

COMMENTS/SUGGESTIONS FOR IMPROVEMENT

We are interested in what our employees have to say about their work experience with the Hempstead School District. Please complete this form.

What did you like most about your job?

What did you like least about your job?

How did you feel about your pay and benefits?

Excellent

Good

Fair

Poor

Rate of pay for your job

☐☐☐☐

Paid holidays

☐☐☐☐

Paid vacations

☐☐☐☐

Retirement plan

☐☐☐☐

Medical coverage for self

☐☐☐☐

Medical coverage for dependents

☐☐☐☐

Life insurance

☐☐☐☐

Sick leave

☐☐☐☐

How did you feel about the following:

Very satisfied

Slightly Satisfied

Neutral

Very dissatisfied

Opportunity to use your abilities

☐☐☐☐

Recognition of the work you did

☐☐☐☐

Training you received

☐☐☐☐

Your supervisor's management methods

☐☐☐☐

The opportunity to talk with your supervisor

☐☐☐☐

**The information you received on policies,
programs, projects and problems**

☐☐☐☐

**The information you received on departmental
structure**

☐☐☐☐

Promotion policies and practices

☐☐☐☐

Discipline policies and practices

☐☐☐☐

Job transfer policies and practices

☐☐☐☐

Overtime policies and practices

☐☐☐☐

Performance review policies and practices

☐☐☐☐

Physical working conditions

☐☐☐☐

COMMENTS

If you are taking another job, what kind of work will you be doing?

What has your new place of employment offered you that is more attractive than your present job?

Could the Hempstead School District have made any improvements that might have influenced you to stay on the job?

Other remarks (optional):

EMPLOYEE AFFIRMATION

I certify that all property of the Hempstead School District has been returned.

Employee's Signature:

Date:

Employee Name:

SUPERVISOR:

- ☐ Desk/Locker cleared
- ☐ Tools/Equipment collected
- ☐ Textbooks, classroom materials collected
- ☐ Keys collected (return keys to facilities)
- ☐ Walkie/Talkie returned

Building Principal/Supervisor

Date

TECHNOLOGY:

- ☐ E-Mail account deactivated
- ☐ Phone voice message cleared
- ☐ Network access deactivated
- ☐ Laptop computer & accessories returned
- ☐ Cell phone returned
- ☐ Network Files moved to supervisor

Director of Technology

Date

PAYROLL:

- ☐ If retiring, state option for payment of unused sick days:

Assistant Superintendent
for Business

Date

FACILITIES:

- ☐ List equipment returned:

- ☐ Keys returned

Director of Facilities

Date

HUMAN RESOURCES:

- ☐ Resignation letter received
- ☐ File moved to inactive
- ☐ Discussed with employee
- ☐ Right to file for unemployment benefits
- ☐ Conversation of benefits
- ☐ Staff ID badge deactivation
- ☐ Staff ID badge destroyed
- ☐ Email file moved to inactive

Associate Superintendent for
Human Resources

Date

Interviewer's Signature: Date: