EMPLOYEE EXIT INTERVIEW/INFORMATION

# Part 1: Employee Information

To be completed by employee:

Name: Date:

Building: Assignment:

Last Date of Work:

**Reason for Resignation:**

❒ Salary ❒ Family relocation ❒ Other (please explain)

Comments about employment with the district:

I wish to continue benefits at my own expense under COBRA (if applicable): ❒ Yes ❒ No

Employee Signature: Date:

Administrator Signature: Date:

**Part 2: Administrator Information**

To be completed by administrator.

The above employee is leaving employment and should be removed from payroll.

❒ Resigned ❒ Retired ❒ Other

Effective Exit Date: Last Work Day:

Recommendation: Satisfactory\_\_\_\_ Exceeded Expectations\_\_\_\_ Unsatisfactory\_\_\_\_\_

Future Consideration: ❒ Would Rehire ❒ Would Not Rehire

Replacement Needed: ❒ Replacement ❒ Not Needed: \_\_\_\_

## Part 3: Human Resources

The above listed person is leaving employment with (School District) and should be removed from payroll as of the effective date indicated.

To include\_\_\_\_\_vacation days. Terminal Pay (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Contact Person), Manager/Human Resources Date