

EXIT INTERVIEW FORM

Instructions: This form is to be completed by the departing employee and their supervisor. Please forward to the Human Resources Department upon completion.

Name _____ Exit Date _____
(Last) (First) (Middle) (Last day on paid status)

Social Security Number _____ Department _____

Position _____ Name of Supervisor _____

Reason for leaving (i.e., retirement, resignation, etc.) _____

Address where mail can be forwarded:

(Street) (City) (State) (Zip Code)

Telephone Number: (____) _____

Does employee need to have continued computer file access? Yes No How long? _____

Reason for extended services _____

Beginning Date _____ Ending Date _____ Is Virtual Private Network (VPN) needed? Yes No

Disclosure - Any inactivity of email or network access for 120 days could result in termination of this account.

Items Returned: Place an "x" in appropriate boxes.

Return to Facility Services:

- Parking Pass
- Key and/or Key Card
- Workstation Nameplate

Return to Business Office:

- Cell Phone
- Pager
- Purchase Card

Return to Department:

- Uniform(s)

Comments: _____

Contact the Human Resources Department directly if you have questions regarding the following benefits.

Office Paid Retiree Health Benefits

Retirement Refund Information

SISC Defined Benefit

Vacation/Comp Time/Surplus Workday Payoff

COBRA Insurance Continuation

Sick Leave Transfer

39 Month Rehire Rights

Employee Signature

Date

Supervisor Signature

Date

Office Use Only

Canceled Services

Date Canceled

Canceled By

Computer Access

GroupWise Account

Home Internet Service

Security System Code
