Exit Interview

Employee Name: _____

Separation Date: _____ Reason for Separation: _____

Company Name: _____

Following items were discussed with employee if yes is checked or were not applicable if N/A checked.

	YES	NO
Benefits/Cobra	_____	_____
Accrued Vacation due	_____	_____
Outstanding Expense Reports	_____	_____
Received Final Paycheck	_____	_____
Other	_____	_____

The employee returned the following items unless not applicable (N/A) is checked:

	YES	NO
Keys	_____	_____
Credit Cards	_____	_____
Pager/Cell phone	_____	_____
Computer	_____	_____
Tools	_____	_____
Other	_____	_____

If any item no accounted for, please, explain:

_____

What was the least satisfying about your job? _____

What would you change about your job? _____

Did you receive adequate support to do your job? _____

What would you improve to make our workplace better? _____

Would you recommend working for this company to your family and friend? _____

Would you consider working again for this company in the future? _____

Did anyone in this company discriminate against you, harass you, or cause hostile working conditions? _____

Any other comments?

_____

_____

It is the Company's policy to report industrial accidents and injuries to our worker's compensation insurance company on a timely basis. Therefore, if you have an industrial (work related) injury and have not previously reported it please advise us now so that we can fulfill our obligation and insure your rights are protected.

The law requires that you report all injuries to us immediately, Please Note that ay medical treatment you receive prior to our being notified of any injury may not be paid for by our insurance company and you could be responsible for all the bills.

____YES ____NO, I have do not have a work related injury to report.

Employee Signature _____

HR Signature _____

City_____ State_____ Zip_____

I certify that the above worker has been separated from work and the information furnished hereon is true and correct. This report has been handed to or mailed to the worker.

Supervisor/Manager Signature_____ Date Released to Employee_____

Title_____

Notice to Employee: Take this notice to the ***Employment Security Claims Office*** if you wish to file a claim f unemployment insurance benefits.

Payroll Use: Date Rec'd_____ Master File Changed___ Employee Card___ Insurance___ COBRA Notice_____

Check #_____ Signed By_____

Employee file, including earnings records, must accompany this notice to Payroll.

Original - Employee; Copy to Payroll