

Employee Data

Name	Exit Interview Appointment
Position	Date of Hire
Department	Last Day Worked
Supervisor	Date of Termination / Retirement
<input type="checkbox"/> Resignation Letter Attached <input type="checkbox"/> Administrative Attendance Record Attached	ID or SS#

Name to be used on Correspondence:

Forwarding Address for Correspondence:

Termination Data

Purpose for Resignation: <input type="checkbox"/> Higher Salary <input type="checkbox"/> Attend School <input type="checkbox"/> Leaving Area <input type="checkbox"/> Health Reasons <input type="checkbox"/> Career Opportunity <input type="checkbox"/> Better Benefits <input type="checkbox"/> Personal Reasons <input type="checkbox"/> Dissatisfied (Specify) <input type="checkbox"/> Other (Specify)	Purpose for Discharge: <input type="checkbox"/> Reduction in Work Force <input type="checkbox"/> Unbecoming Conduct <input type="checkbox"/> Poor Attendance <input type="checkbox"/> Neglect of Duty <input type="checkbox"/> Inadequate Performance <input type="checkbox"/> Other (Specify)	Purpose for Leaving: <input type="checkbox"/> Retirement <input type="checkbox"/> Disabled <input type="checkbox"/> Deceased <input type="checkbox"/> Expiration of Contract <input type="checkbox"/> Temporary / Seasonal <input type="checkbox"/> Other (Specify)
Would you rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Supervisor Signature: _____ **Date:** _____

Human Resources Department / Exit Interview

Salary through last day of employment _____ Last Paycheck Date _____ Number of Days to be paid _____ Accrued, unused vacation/holidays _____ Loan Repayment _____ Severance Pay _____ Other Adjustments _____ Total of Final Paycheck _____	GU Property Returned: <input type="checkbox"/> GU ID <input type="checkbox"/> Keys <input type="checkbox"/> Parking Permit <input type="checkbox"/> Credit Cards <input type="checkbox"/> Equipment	<input type="checkbox"/> Books <input type="checkbox"/> Handbook and other printed Materials <input type="checkbox"/> Other Items (Specify)
	Privileges Revoked: <input type="checkbox"/> Email <input type="checkbox"/> Other (Specify)	

Final Check: Pick Up Mail to:

Benefit Termination	Benefit End Date	Last Deduction Date	Final Adjustment	Notes
Health Insurance				
Dental				
Flexible Spending				
Life Insurance				
Disability				
COBRA				
Retirement				
Tuition Remission				
Other:				

HR Authorization: _____ **Date:** _____

