



# Exit Interview Form

## Personal Data:

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Campus/Department: \_\_\_\_\_ Dates Worked \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

Forwarding Address: \_\_\_\_\_  
Street Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

## Check Type of Termination:

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Discharged  | <input type="checkbox"/> Retirement               |
| <input type="checkbox"/> Non-Renewal | <input type="checkbox"/> RIF (Reduction in Force) |
| <input type="checkbox"/> Resignation | <input type="checkbox"/> Extended Disability      |
| { } With Notice                      | <input type="checkbox"/> Other _____              |
| { } Without Notice                   | _____   |

## Check All Applicable Reasons for Leaving: *(To Be Completed by all Voluntary Resignations Only)*

- |   |  |
|---|--|
| <input type="checkbox"/> Moving From District           | <input type="checkbox"/> Health Reasons          |
| <input type="checkbox"/> Returning to School            | <input type="checkbox"/> Family Circumstances    |
| <input type="checkbox"/> Dissatisfied With Type of Work | <input type="checkbox"/> Secured Better Position |
| <input type="checkbox"/> Other _____                    |  |

Comments: \_\_\_\_\_

## Checkout Procedures *(Where Applicable, Review and Discuss the Following Items):*

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> Medical Care           | <input type="checkbox"/> Disability Insurance | <input type="checkbox"/> Books        |
| <input type="checkbox"/> Group Life Insurance   | <input type="checkbox"/> District Property    | <input type="checkbox"/> Equipment    |
| <input type="checkbox"/> Unemployment Insurance | <input type="checkbox"/> Keys                 | <input type="checkbox"/> Health Cards |
| <input type="checkbox"/> Other _____            |   |                                       |

Comments: \_\_\_\_\_

# Exit Interview Form

(Continued)

## Questionnaire:

How would you rate your experience in Longview ISD in regard to the following? *(Please Check the Appropriate Box)*

|   | Excellent | Good | Fair | Poor |
|---|-----------|------|------|------|
| Working Relationship With Your Supervisor | [ ]       | [ ]  | [ ]  | [ ]  |
| Cooperation Within Department             | [ ]       | [ ]  | [ ]  | [ ]  |
| Cooperation With Other Departments        | [ ]       | [ ]  | [ ]  | [ ]  |
| Adequacy of Job Orientation and Training  | [ ]       | [ ]  | [ ]  | [ ]  |
| Workload                                  | [ ]       | [ ]  | [ ]  | [ ]  |
| Physical Working Conditions               | [ ]       | [ ]  | [ ]  | [ ]  |
| Availability of Materials/Equipment       | [ ]       | [ ]  | [ ]  | [ ]  |
| Evaluation Procedures                     | [ ]       | [ ]  | [ ]  | [ ]  |
| Recognition on the Job                    | [ ]       | [ ]  | [ ]  | [ ]  |
| Employee Benefits                         | [ ]       | [ ]  | [ ]  | [ ]  |
| Communication Within the District         | [ ]       | [ ]  | [ ]  | [ ]  |
| Central Administration Support            | [ ]       | [ ]  | [ ]  | [ ]  |
| Community Support for District            | [ ]       | [ ]  | [ ]  | [ ]  |
| Overall Experience With LISD              | [ ]       | [ ]  | [ ]  | [ ]  |

Comments: \_\_\_\_\_

What Factors Made Your Employment a Positive Experience With LISD? \_\_\_\_\_

Do You have Any Comments or Suggestions to Improve LISD? \_\_\_\_\_

Would You Recommend LISD to Others as a Place to Work? [ ] Yes [ ] Yes With Reservation(s) [ ] No

Interview By: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_