

EMPLOYMENT PRACTICES

EXIT INTERVIEW FORM

Personal Data:

Name: _____

Job Title: _____

Campus/Dept.: _____ Dates Worked: _____ - _____

Forwarding Address: _____

Phone #: _____

Check type of termination:

- | | |
|---|--|
| <input type="checkbox"/> Discharge | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Non-Renewal | <input type="checkbox"/> RIF |
| <input type="checkbox"/> Resignation with Notice | <input type="checkbox"/> Extended Disability |
| <input type="checkbox"/> Resignation without Notice | <input type="checkbox"/> Other |
-

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"/> Group Life Insurance | <input type="checkbox"/> Keys |
| <input type="checkbox"/> Unemployment Insurance | <input type="checkbox"/> Books |
| <input type="checkbox"/> Other | <input type="checkbox"/> Equipment |
| | <input type="checkbox"/> Health Cards |
-

Comments: _____

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EXIT INTERVIEW FORM
(continued)

Questionnaire:

How would you rate your experience in Dripping Springs I.S.D. in regard to the following? Check the appropriate box.

- Working relationship with your supervisor----- Excellent Good Fair Poor
- Cooperation within department ----- Excellent Good Fair Poor
- Cooperation with other departments ----- Excellent Good Fair Poor
- Adequacy of job orientation & training ----- Excellent Good Fair Poor
- Workload ----- Excellent Good Fair Poor
- Physical working conditions ----- Excellent Good Fair Poor
- Availability of materials and/or equipment ----- Excellent Good Fair Poor
- Evaluation procedures ----- Excellent Good Fair Poor
- Recognition on the job ----- Excellent Good Fair Poor
- Employee benefits ----- Excellent Good Fair Poor
- Communication within the District ----- Excellent Good Fair Poor
- Central administration support ----- Excellent Good Fair Poor
- Community support for the District ----- Excellent Good Fair Poor
- Overall experience with Dripping Springs I.S.D. Excellent Good Fair Poor

Comments: _____

What factors made your employment a positive experience with Dripping Springs I.S.D.? _____

Do you have any comments or suggestions to improve Dripping Springs I.S.D.? _____

- Would you recommend Dripping Springs I.S.D. to others as a place to work?
- Yes
 - Yes, with reservation(s)
 - No

Interviewed by: _____ Date: _____

Signature of Employee: _____