EMPLOYEE TERMINATION EXIT INTERVIEW

Name:_______________________ Date______/_____/_____ Last Day _____/_____/_____  Termination was  □ Voluntary (Date notice was received) ____/____/____  □ Involuntary

Leave of Absence:  □ Employee Request  □ Company Suggest  □ Leave granted until ____/____/____

Retirement:  □ Personal Reasons

Lay Off:  □ Lack of Work  □ Project Ended

Quit:

□ In Lieu of Discharge  □ Refused Transfer  □ Military  □ Other Opportunity

□ Reduction in Hours  □ Dissatisfied  □ Moved  □ New Job

□ Reduction in Pay  □ Personal  □ School  □ Never Returned to Work

□ Change in Work  □ Transportation  □ None Given  □ None Given

Discharge: Was employee warned before discharge?  □ Yes  □ No  By Whom?______________________

□ Tardiness  □ Fighting

□ Personal Business  □ Creating a safety hazard

□ Failure to Use Protective Equipment  □ Possession of weapons, alcohol, drugs

□ False claims of injury  □ Inhalants

□ Shoddy or Defective Work  □ Personal business at work

□ Neglect duties or responsibilities  □ Unauthorized use or possession of keys

□ Loitering or Sleeping  □ Working under the influence of alcohol, drugs, inhalants

□ Insubordination  □ Destroying or wasting property or material

□ Productivity not up to standards  □ Violating safety and health rules

□ Absences – unreported  □ Falsifying information on any forms, reports, time cards or records

□ Absences – reported

□ Negligence with assigned property

Reason in Full:

______________________________________________________________________________  ...

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

Final Appraisal: Rate as follows:  E = Excellent  G = Good  F = Fair  P = Poor

_____ Work Quality _____ Attendance _____ Effort _____ Productivity _____ Teamwork _____ Versatility

Recommended for rehire?  Y □  N □  Explain if No:______________________________________________

Person Completing Form: ____________________________________

Company Address  Company City, State Zip  Phone: 555-555-5555  Fax: 555-555-5555  (Email) company@email.com