

EXIT INTERVIEW



IMMEDIATELY UPON COMPLETION

RETURN TO: DEPT. OF RISK MANAGEMENT
INSURANCE OFFICE
ROOM 1072 - COUNTY BLDG
INTEROFFICE - 008

Would you Rehire Employee? Y N
COBRA Information Issued Y N (attach copy)
Benefits Termination Information Issued? Y N
Is Employee Transferring to another Dept. in the County? Y N What Dept.?

REASON FOR TERMINATION

VOLUNTARY RESIGNATION

Effective Date 9/24/06

DISCHARGED

Effective Date

1 To Attend School
2 Illness (incl. Family members)
 a) was LOA requested Y N
 b) Dr.'s Statement Y N
3 No Child Care
4 Dissatisfaction with Job
 (Hours, Pay, Working Conditions,
 Personality Conflicts) **
5 Relocation
6 Pregnancy - LOA requested?
Y N
7 Other Employment
 Note Where and When, if known
 8 Retired
9 Unable to return from LOA
10 Other **

11 Violation of Known Rules

- a) Absenteeism (Last Day Absent)
- b) Tardiness (Last Known Tardy)
- c) Absent 3 consecutive days –
No Call (Job Abandonment)
- d) Inability to do job (Poor
Work Performance, Attitude)
- e) Insubordination **
- f) Under Influence of Intoxicants
or Drugs? Referred to EAP?

	Y	N
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- g) Misconduct **
- h) Allowed to resign in lieu of discharge

12 Layoff

** EXPLANATION REQUIRED

EXPLAIN IN DETAIL – REASON FOR TERMINATION (BE SPECIFIC)

PETITIONER'S STATEMENT

9-20-16
Date 9-20-16

Employee:

Date:

Dept. - Please keep a copy in your file and forward one to Risk Management as soon as possible.

White: Insurance Department Copy Yellow: Department Copy Pink: Employee Copy