



Pulaski County Employee Exit Interview Form  
(Confidential)

Employee Refused to Complete Form: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

**Confidential**

Date: \_\_\_\_\_

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

Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Termination Date: \_\_\_\_\_

Position Held: \_\_\_\_\_

Salary: \_\_\_\_\_

**Part 1 – Reasons for Leaving Employment:**

**RESIGNATION (please check all that apply, circle primary reason and explain):**

- |  |   |
|--|---|
| <input type="checkbox"/> Took another position         | <input type="checkbox"/> Dissatisfaction with supervisor/management |
| <input type="checkbox"/> Home/Family needs             | <input type="checkbox"/> Dissatisfaction with type of work          |
| <input type="checkbox"/> Relocation to another area    | <input type="checkbox"/> Dissatisfaction with working conditions    |
| <input type="checkbox"/> Poor health-physical problems | <input type="checkbox"/> Dissatisfaction with salary                |
| <input type="checkbox"/> To attend school              | <input type="checkbox"/> Other                                      |

Explanation: \_\_\_\_\_

**LAID OFF**

- Lack of work
- Position eliminated
- Financial

**RETIREMENT**

- Voluntary retirement
- Compulsory retirement

**DISCHARGED**

- |  |  |
|--|--|
| <input type="checkbox"/> Violation of policies           | <input type="checkbox"/> Tardiness/Excessive Absenteeism |
| <input type="checkbox"/> Unsatisfactory work performance | <input type="checkbox"/> Dishonesty/Stealing             |
| <input type="checkbox"/> Insubordination                 | <input type="checkbox"/> Controlled substance abuse      |
| <input type="checkbox"/> Other (specify) _____           |  |

**Part II: Comments/Suggestions for Improvement:**

What did you enjoy most about your job? \_\_\_\_\_

What did you like least about your job? \_\_\_\_\_

How did you feel about the benefits that were offered? \_\_\_\_\_

	Excellent	Good	Fair	Poor
Rate of pay	_____	_____	_____	_____
Paid holidays	_____	_____	_____	_____
Annual Leave/Sick Leave Accrual	_____	_____	_____	_____
Retirement plan	_____	_____	_____	_____
Medical/Dental coverage	_____	_____	_____	_____
Life insurance	_____	_____	_____	_____

## Pulaski County Employee Exit Interview (Page 2)

### Part II: Comments/Suggestions for Improvement (Continued):

How do you feel about the following:

	Very Satisfied	Slightly Satisfied	Neutral	Slightly Dissatisfied	Very Dissatisfied
Opportunity to use your abilities	_____	_____	_____	_____	_____
Recognition of the work you did	_____	_____	_____	_____	_____
Training you received	_____	_____	_____	_____	_____
Supervisor's management method	_____	_____	_____	_____	_____
Communication with supervisor	_____	_____	_____	_____	_____
Information on policies	_____	_____	_____	_____	_____
Discipline policies	_____	_____	_____	_____	_____
Discipline practices	_____	_____	_____	_____	_____
Time off policies	_____	_____	_____	_____	_____
Time off practices	_____	_____	_____	_____	_____
Performance reviews	_____	_____	_____	_____	_____

If you are taking another job, what type of work will you be doing? \_\_\_\_\_

What has your new place of employment offered you that is more attractive than your present job? \_\_\_\_\_

Could Pulaski County have made any improvements that might have influenced you to stay on the job?

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

\_\_\_\_\_

\_\_\_\_\_

**Pulaski County Employee Exit Interview (Page 3)**

**Part III – Payroll Information:**

**Print employee deduction screen to determine deductions being taken:**

Leave Payout: Sick Leave \_\_\_\_\_ Annual Leave \_\_\_\_\_ Comp. Time \_\_\_\_\_  
Final Payout: Check \_\_\_\_\_ Direct Deposit \_\_\_\_\_

Forwarding address: \_\_\_\_\_

**Employer & Employee Paid Deductions:**

	Single Deduction	Double Deduction	Term. Date
_____ VRS	_____	_____	_____
_____ Health Insurance	_____	_____	_____
_____ Dental Insurance	_____	_____	_____

**Employee Paid Deductions:**

	Term Date		Term Date
Christmas Club	_____	Washington National	_____
AFLAC	_____	Colonial	_____
TransAmerica	_____	Virginia Credit Union	_____
YMCA	_____	United Way	_____
Nationwide Deferred Comp	_____	Optional Life	_____
Flexible Spending Account (FSA)	_____		

**Other:**

\_\_\_\_\_ Uniforms returned  
\_\_\_\_\_ Return of keys  
\_\_\_\_\_ Health Savings Account – Employee keeps what is remaining in account

**Employer Use Only:**

	Term Date
Termed Aetna Insurance	_____
Termed Delta Dental	_____
Termed Eyemed	_____

COBRA Benefits \_\_\_\_\_ (Date of continuing coverage) Term \_\_\_\_\_

\_\_\_\_\_  
Interviewers Signature Title Date

\_\_\_\_\_  
Employee Signature Employee (Please Print) Date

**Copy provided to employee: \_\_\_\_\_**