



EXIT INTERVIEW GUIDE

Employee: _____ Classification: _____

The following is an outline of the steps that must be completed with each employee who resigns, is terminated, or unable to return to work. Some steps may obviously not be appropriate when the individual cannot be interviewed. Supervisor: Complete this guide and give the Exit Packet to the Administrative Supervisor along with your supervisory file and other personnel material on that particular employee.

- 1) Reasons for leaving: _____
- 2) Separation Rating: (form attached) Complete form and provide to HR department for filing.
- 3) Authorization for Current or Former Employees (form attached) (Give this to the employee and tell them that this must be completed and returned if they want us to give references for them to a prospective employer.)
- 4) Approval for Leave Balance to be Paid for Terminated Employee (form attached) (Complete form with help of Payroll Administrator, attach final time sheet, turn in originals to Supervisor.)
- 5) Health Insurance Option, PERA Withdrawal Form, Etc.: Supervisor will tell the employee to contact the HR department as soon as possible regarding their health insurance, PERA, and other forms.
- 6) Keys returned (office, building, satellite office)? Date returned: _____
- 7) County ID returned? Date returned: _____
- 8) Laptop and associated paraphernalia returned? Date returned: _____
- 9) Supervisor will change voice mail greeting in office of former employee indicating employee no longer works here and the person to contact instead, or some appropriate message. Tell clerical staff where calls for the former employee should go.
- 10) Supervisor – inform I.T. department the last date of work for employee to remove access to email, computer network, MAXIS, SSIS, and other appropriate systems.
- 11) Supervisor’s Statement of Future Job Recommendation: _____
- 12) Supervisor provide copy of resignation to HR department.
- 13) Supervisor attach a copy of the letter written to the employee formally accepting their resignation and stating the effective date.
- 14) Employee future address: _____
- 15) Employee’s comments, if any: _____

EMPLOYEE: I have returned all agency property and all government data that was in my possession.

Employee’s Signature

Date



AUTHORIZATION FOR CURRENT OR EXISTING EMPLOYEES

Name of Current/Exiting Employee: _____

Name of Prospective Employer: _____

I, Name of Current/Former Employee, hereby authorize and grant my informed consent to permit, you Wadena County, to release and make available to Name of Prospective Employer and/or its agents and/or representatives the following data which is classified as private and which concerns me:

1. Copies of my written performance evaluations conducted before my separation from Wadena County;
2. My written response(s) to the evaluation(s) contained in my personnel record/file; and
3. My written reasons for separating from Wadena County.

I understand that I may refuse to allow release of this data and that the purpose of permitting Name of Prospective Employer to have access to this information is to check references and to determine my suitability for employment.

This authorization shall be valid for a period of one year but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to Wadena County or to you of that fact. A photocopy of this authorization will be treated in the same manner as would the original release form.

Signature _____

Dated this _____ day of _____

Printed Name _____

SSN* _____

Telephone Number** _____

Mailing Address**:

* Your social security number is requested only to further identify you. You are not legally obligated to provide it.

** Your telephone number and mailing address is requested in order for us to contact you regarding this release of information.



EMPLOYEE Q & A

Employee: _____ Date: _____

Exiting employee, please answer the following questions (use extra paper if needed)

1. What, if any deadlines are pending?
2. Whom, outside of our agency, should your replacement contact?
3. What resources have been important to you in doing your job?
4. If you could train your replacement, what are the most important issues you would want to cover?
5. How did the job match your expectations?
6. Did you have the tools and resources you needed to effectively do your job?
7. Employee's comments, if any.



SUPERVISOR Q & A

Employee: _____ Date: _____

Reserve for interview (Supervisor's questions to exiting employee)

1. Do you feel you had the resource and support necessary to accomplish your job? If not, what was missing?
2. What improvements can you suggest to the organization, to your division/department or to your job (to make it easier, more challenging and more interesting)?
3. Now that I'm not your supervisor what do you think I need to learn or change to be a better supervisor?



APPROVAL FOR PAYMENT OF LEAVE BALANCES

Employee: _____ Termination Date: _____

ACCUMULATED LEAVE BALANCES AS OF LAST DAY OF EMPLOYMENT:

VACATION: _____
25% OF SICK: _____
HOLIDAY COMP TIME: _____
COMP TIME: _____
PERSONAL LEAVE: _____

HOURS TO PAY EMPLOYEE UPON TERMINATION:

VACATION: _____
SICK: _____
HOLIDAY COMP TIME: _____
COMP TIME: _____
PERSONAL LEAVE: _____

Supervisor Signature: _____

Date: _____

INSTRUCTIONS:

1. Supervisor is to provide the HR department with the employee's last time sheet and indicate on the top of the time sheet "Final Time Sheet" and complete the employee name, and termination date on this form.
2. Supervisor and Payroll Administrator complete the "Accumulated Leave Balance" section with the total hours in the leave banks.
3. Supervisor complete the "hours to pay" section indicating the total hours to pay the employee, sign and date the form.
4. The supervisor is to return the approved form to the Payroll Administrator.



SEPARATION RATING

Employee Name: _____

This rating is to be made in duplicate when any permanent or probationary employee leaves employment with the agency for any reasons beside death. Submit one copy to HR. Retain a second copy in the employee's personnel file.

Please evaluate the employee taking into account the employee's performance evaluations. Check one of the boxes below.

Satisfactory

Unsatisfactory

*Attached documentation for an unsatisfactory rating. This could include the employee's most recent performance appraisal in this class showing an overall unsatisfactory rating or if the actions leading to the unsatisfactory rating occurred between the last appraisal and separation from the classification, fill in the section below, describing why the job performance was unsatisfactory and what actions were taken to correct or discipline the employee.

Supervisor's Signature: _____

Date: _____

EMPLOYEE: I certify that I have seen this form as completed. (Signature does not mean that you agree with the employer's ratings or comments. Any disagreement or comments may be noted below.)

Employee's Signature

Date

Employee's comments:
