Employee Exit Review

Parish/School/Agency/Institution _____ Date _____/_____/_____

Employee Name _____ Employee # _____

With the realization that you have decided to leave our employ we would appreciate your help and honesty in answering the following questions. Your individual responses are confidential and will not become part of your personnel file. This information is very important and will assist us in analyzing the factors contributing to employee turnover.

Reason for Leaving:

☐	Found Other Employment	What prompted you to see other employment/leave?
☐	Relocating out of the area	
☐	Other	

Please rate the following:

	Very Satisfied	Satisfied	Dissatisfied
Duties of the job			
Training and development on the job			
Opportunities for advancement			
Salary			
Benefit programs			
Working conditions			
Working hours			
Co-workers			
Overall, as a place to work			
Supervisor(s)			
Demonstrated fair and equal treatment			
Provided recognition on the job			
Resolved Complaints and problems			
Followed policies and Procedures			
Developed cooperation and teamwork			
Comments:			

Was your workload ☐ Too great ☐ Varied, but all right ☐ About right ☐ Too light

_____
      Employee Signature   Date

Supervisor's Exit Reference Evaluation

Employee Name _____ Job Title _____

Employed from ___/___/___ to ___/___/____
Ending Salary $_____ per ☐ Hour ☐ Week ☐ Month ☐ Year

Description of Job Duties _____
_____
_____

Employee's Strong Points _____
_____
_____

Employee Weak Points _____
_____
_____

Reason for Leaving _____
_____
_____

	Excellent	**Good**	**Fair**	**Poor**
Attendance	☐	☐	☐	☐
Dependability	☐	☐	☐	☐
Attitude	☐	☐	☐	☐
Improvement while on the job	☐	☐	☐	☐
Overall job performance	☐	☐	☐	☐
Cooperativeness with supervisors	☐	☐	☐	☐
Relationship with co-workers	☐	☐	☐	☐

Would re-employ ☐   Would not re-employ ☐

_____
Supervisor's Signature

Employee Release Agreement

I authorize release of this information to future prospective employers.

_____
Employee's Signature

I do not authorize release of this information to future prospective employers.

_____
Employee's Signature

Employee Exit Review/Voluntary Termination   2   6/22/11
 of Employment

Voluntary Resignation Form

Employee Name	Date of Resignation _____/_____/_____
Place of Employed	Job Title
Forwarding Address: Street	Lot/Apt#
City/State	Zip
Forwarding Telephone ( )	
Reason for resignation	

Please accept my voluntary resignation from employment with
_____ effective on the
date I have indicated above.

_____
Employee Signature   Date