

**RAINS INDEPENDENT SCHOOL DISTRICT
EXIT INTERVIEW FORM**

PERSONAL DATA:

Name _____

Job Title _____

Campus/Dept. _____ Dates Worked _____ - _____
From To

Forwarding: _____
Mailing Address Street Address

City State Zip

Phone No.: (_____) _____

CHECK TYPE OF TERMINATION:

- | | |
|------------------------------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Discharge | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Nonrenewal | <input type="checkbox"/> Extended disability |
| <input type="checkbox"/> Resignation | <input type="checkbox"/> Reduction in Work Force |
| <input type="checkbox"/> With notice <input type="checkbox"/> Without notice | <input type="checkbox"/> Other _____ |

CHECK ALL APPLICABLE REASONS FOR LEAVING. To be completed by all voluntary resignations only:

- | | |
|---------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Moving from district | <input type="checkbox"/> Health reasons |
| <input type="checkbox"/> Returning to school | <input type="checkbox"/> Family circumstances |
| <input type="checkbox"/> Dissatisfied with type of work | <input type="checkbox"/> Secured better position |
| <input type="checkbox"/> Other _____ | |

CHECKOUT PROCEDURES - Where applicable, review and discuss the following items:

- | | |
|-----------------------------------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> FICA Alternative Retirement Plan Participant Distribution Form | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Group life insurance | <input type="checkbox"/> Disability insurance |
| <input type="checkbox"/> Unemployment insurance | <input type="checkbox"/> Health/Insurance cards |
| <input type="checkbox"/> Any/All District property | <input type="checkbox"/> Keys |
| <input type="checkbox"/> Books | <input type="checkbox"/> Equipment |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Parking Permit |

PLEASE INITIAL IN THE APPROPRIATE AREA(S) BELOW, AS MAY APPLY TO YOU:

- _____ I would like information for COBRA Health Insurance (coverage after termination of employment).
- _____ I do not want information for COBRA Health Insurance (coverage after termination of employment).
- _____ I want a salary pay-out (closing all accounts with Rains ISD, as of the next pay period).
- _____ I want my salary and insurance coverage (as available) to extend until the end of the contracted pay period.

COMMENTS and/or OTHER INFORMATION: _____

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QUESTIONNAIRE: How would you rate your experience in RAINS ISD in regard to the following (check the appropriate box)?

	<u>EXCELLENT</u>	<u>GOOD</u>	<u>FAIR</u>	<u>POOR</u>
Working relationship with your supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation within department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation with other departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequacy of job orientation and training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workload	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical working conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of materials/equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluation procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognition on the job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication within the district	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administration Office & Business Office support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community support for district	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall experience with RAINS ISD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: _____

What factors made your employment a positive experience with RAINS ISD? _____

Do you have any comments or suggestions to improve RAINS ISD? _____

Would you recommend RAINS ISD to others as a place to work?

Yes

Yes, with reservation(s)

No

INTERVIEWED BY: _____ **Date:** _____

EMPLOYEE SIGNATURE: _____ **Date:** _____