



# EMPLOYEE EXIT FORM

<b>A. SEPARATION INFORMATION (To be completed by the Employee)</b>			
a. Employee Name <i>Last, First</i>		b. Employee ID#	c. Primary Phone Number
d. Forwarding Address <i>Number, Street, City, State, ZIP Code</i>		Forwarding Email	
e. Position / Title	f. Campus / Department	g. Employment dates for current school year (mm/dd/yyyy) from _____ to _____ (last day)	
<b>B. SEPARATION INFORMATION (To be completed by Supervisor/Administrator)</b>			
h. Reason for Separation or Resignation - CHECK ALL THAT BEST APPLY			
<input type="checkbox"/> Better pay	<input type="checkbox"/> Personal reasons	<input type="checkbox"/> Return to school	<input type="checkbox"/> Health reasons <input type="checkbox"/> Relocation
<input type="checkbox"/> Better working conditions	<input type="checkbox"/> Family/domestic reason	<input type="checkbox"/> Exhausted FML: _____	
<input type="checkbox"/> Accepted another job (in education)	<input type="checkbox"/> Accepted another job (not in education) --Future employer _____		
<input type="checkbox"/> Retirement	<input type="checkbox"/> Termination	<input type="checkbox"/> Job abandonment/Walked off job	<input type="checkbox"/> Other: _____
<b>NOTE: For resignation, complete Section i. For termination, complete Section j.</b>			
i. Resignations			
<input type="checkbox"/> Accepted		<input type="checkbox"/> Accepted in lieu of Termination	
<input type="checkbox"/> Accepted w/conditions (specify conditions): _____		Employee notified on: _____ (mm/dd/yyyy)	
<input type="checkbox"/> Not accepted because: _____		Employee notified on: _____ (mm/dd/yyyy)	
<b>NOTE: HC will provide final notice of resignation acceptance if/when approved.</b>			
j. Reason for Termination <b>HC must be contacted prior to all terminations.</b>			
<input type="checkbox"/> Failure to report to work	<input type="checkbox"/> Failure to follow directives	<input type="checkbox"/> Poor performance	<input type="checkbox"/> Insubordination
<input type="checkbox"/> Other: _____			
k. Was employee paid with special program funds? <b>If so, what type?</b>		Was program supervisor notified?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If "Yes" send employee to Program Supervisor prior to HC.</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
l. Does position need to be posted? <input type="checkbox"/> Yes <input type="checkbox"/> No		Will the campus need a substitute? <input type="checkbox"/> Yes <input type="checkbox"/> No	
m. Employee Leave Status: <i>Check appropriate box if applicable.</i>			
Approved leave status <input type="checkbox"/> Yes <input type="checkbox"/> No		Workers' Compensation <input type="checkbox"/> Yes <input type="checkbox"/> No	
n. All district property returned or arrangements made to receive on, or before, actual last day worked. <b>(Initial received in BLUE)</b>			
Campus:		Campus / Department:	Program / Department:
<input type="checkbox"/> Access items <input type="checkbox"/> I.D. Badge <input type="checkbox"/> Keys <input type="checkbox"/> Uniforms <input type="checkbox"/> Other: _____	<input type="checkbox"/> Instructional materials <input type="checkbox"/> Teacher Editions etc. <input type="checkbox"/> Textbooks <input type="checkbox"/> Materials & Supplies <input type="checkbox"/> Other: _____	<input type="checkbox"/> Technology Equipment <input type="checkbox"/> Computer & Accessories <input type="checkbox"/> iPad & Accessories <input type="checkbox"/> Materials & Supplies <input type="checkbox"/> Other: _____	<input type="checkbox"/> Program/Dept. Equipment <input type="checkbox"/> Computer & Accessories <input type="checkbox"/> iPad & Accessories <input type="checkbox"/> Materials & Supplies <input type="checkbox"/> Other: _____
Received by: _____	Received by: _____	Received by: _____	Received by: _____
<b>C. SIGNATURES (To be completed by Employee &amp; Supervisor(s) / Administrator in BLUE)</b>			
Employee Signature		Date (mm/dd/yyyy)	
Supervisor Signature	Would you rehire this employee? <b>Required response.</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	Date (mm/dd/yyyy)	
Supervisor Comments/Notes			
Department/Program Supervisor Signature	Would you rehire this employee? <b>Required response.</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	Date (mm/dd/yyyy)	
<b>D. SIGNATURES (To be completed with Human Capital in BLUE)</b>			
Employee Signature		Date (mm/dd/yyyy)	
Human Capital Signature	Legally eligible for rehire? <input type="checkbox"/> YES <input type="checkbox"/> NO	Date (mm/dd/yyyy)	