



DONNA INDEPENDENT SCHOOL DISTRICT

Exit Interview Form

PERSONAL DATA:

Name: _____ EMN: _____

Job Title: _____

Campus/Department: _____

Dates Worked: _____ - _____
From To

Forwarding Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____

Check the type of termination:

- | | |
|--|---|
| <input type="checkbox"/> Terminated / Dismissed | <input type="checkbox"/> Non-renewal |
| <input type="checkbox"/> Resignation (with notice) | <input type="checkbox"/> Resignation (without notice) |
| <input type="checkbox"/> RIF | <input type="checkbox"/> Extended Disability |
| <input type="checkbox"/> Other: _____ | |

(To be completed by all voluntary resignations only):

Check all applicable reasons for leaving

- | | | |
|---|--|--|
| <input type="checkbox"/> Relocating | <input type="checkbox"/> Secured better position | <input type="checkbox"/> Better Pay |
| <input type="checkbox"/> Family circumstances | <input type="checkbox"/> Health Reasons | <input type="checkbox"/> Personal |
| <input type="checkbox"/> Returning to school | <input type="checkbox"/> Certification | <input type="checkbox"/> Other Career |
| <input type="checkbox"/> Dissatisfied with type of work | <input type="checkbox"/> Retirement | <input type="checkbox"/> Job Advancement |
| <input type="checkbox"/> None | | |
| <input type="checkbox"/> Other: _____ | | |

Comments: _____

Checkout Procedures: *Where applicable, review and discuss the following items:*

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Medical care | <input type="checkbox"/> District property | <input type="checkbox"/> Group life insurance |
| <input type="checkbox"/> Keys | <input type="checkbox"/> Books | <input type="checkbox"/> Unemployment insurance |
| <input type="checkbox"/> Equipment | <input type="checkbox"/> Health cards | <input type="checkbox"/> Disability insurance |
| <input type="checkbox"/> Other: _____ | | |

Comments: _____

Questionnaire:

How would you rate your experience with the Donna Independent School District in regard to the following? Check the appropriate box.

	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>
Working relationship with your supervisor				
Cooperation within department				
Cooperation with other departments				
Adequacy of job orientation and training				
Workload				
Physical working conditions				
Availability of materials/equipment				
Evaluation procedures				
Recognition on the job				
Employee benefits				
Communication within the district				
Central administration support				
Community support for district				
Overall experience with Donna ISD				

Comments: _____

What factors made your employment a positive experience with Donna ISD?

Do you have any comments or suggestions to improve Donna ISD?

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

- Yes Yes, with reservation(s) No

Interviewed by: _____ Date: _____

Signature of employee: _____