

LANCASTER INDEPENDENT SCHOOL DISTRICT
EXIT INTERVIEW FORM *(RETURN TO HR UPON COMPLETION)*

Name _____

Job Title _____

Campus/Dept. _____ Dates Worked _____ - _____

Forwarding Address _____
Street Address _____

Phone No. (____) _____
City State Zip

Check type of termination:

- | | |
|---|---|
| <input type="checkbox"/> Discharge | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Nonrenewal | <input type="checkbox"/> RIF |
| <input type="checkbox"/> Resignation | <input type="checkbox"/> Extended disability |
| <input type="checkbox"/> With notice | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Without notice | <input type="checkbox"/> Going to other district _____, if yes. |

Which district: _____

Would you ever consider returning to this district: _____

If not, explain: _____

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 _____ | |

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"/> Unemployment insurance | <input type="checkbox"/> Books |
| <input type="checkbox"/> Disability insurance | <input type="checkbox"/> Equipment |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Health Cards |

Comments: _____

Questionnaire:

How would you rate your experience in Lancaster ISD in regard to the following? Check the appropriate box.

	Excellent	Good	Fair	Poor
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 Lancaster ISD	()	()	()	()
Comments: _____				

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

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

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

() Yes () Yes, with reservation(s) () No

Would you like an opportunity to discuss this or anything else with the Director of Human Resources? If so, please contact the HR office @ (972) 218-1403 to set up an appointment.

(If requested) Interviewed by _____ Date _____

Signature of Employee _____