

Mercedes Independent School District
OFFICE OF HUMAN RESOURCES

EXIT INTERVIEW FORM

(Please return completed Exit Interview Form to the Office of Human Resources)

Name: _____

Job Title/Campus/Dept. _____ Date of Resignation/Retirement _____

Address _____

City _____ State _____ Zip _____ Phone # _____

Check type of termination:

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Resignation | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> RIF (Reduction in Force) | <input type="checkbox"/> Terminated |
| <input type="checkbox"/> Non-renewal | |
| <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"/> Secured better position | <input type="checkbox"/> Family circumstances |
| <input type="checkbox"/> Dissatisfied with job responsibilities | <input type="checkbox"/> Returning to school |
| <input type="checkbox"/> Other _____ | |

Comments: _____

Check out procedures: (Supervisor/Principal Signature Required) _____

Where applicable, review, and discuss the following items:

- | | |
|-----------------|-------------------------|
| _____ Books | _____ District property |
| _____ Equipment | _____ Keys |
| _____ Other | |

Comments: _____

Visit with the Office of Human Resources and the Office of Payroll/Benefits concerning medical insurance, group life insurance, COBRA, unemployment insurance, and/or disability insurance.

Employee Signature: _____ Date: _____