



Gonzales Independent School District

EXIT INTERVIEW FORM

Date: _____ Central Office Received: _____

Name: _____ Campus: _____

Job Title: _____ Dates Worked: _____ to _____

Phone Number: _____

Forwarding Address: _____

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 | _____ |

Check all applicable reasons for leaving. To 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: _____ | _____ |

Interviewed By _____ Date _____

Employee _____ Date _____

Administrator: Send this completed form to Human Resources within two days of employee exit. If employee not available for interview, please note on the form. Form Revised: 2/25/2010



Gonzales Independent School District

EMPLOYMENT PRACTICES Questionnaire:

How would you rate your experience in **Gonzales 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 Gonzales ISD	[]	[]	[]	[]

Comments: _____

What factors made your employment a positive experience with **Gonzales ISD**?

Do you have any comments of suggestions to improve **Gonzales ISD**? _____

Would you recommend **Gonzales ISD** to others as a good place to work? [] YES [] NO

Interviewed by _____ Position _____

Signature of Exiting Employee: _____ Date: _____

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