

# EMPLOYEE EXIT INTERVIEW CHECKLIST

Employee's Name \_\_\_\_\_ Ministry/Department \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Position \_\_\_\_\_

Employment Date \_\_\_\_\_ Termination Date \_\_\_\_\_

Instruction: Section I is to be completed by \_\_\_\_\_ . Section II is to be completed  
by \_\_\_\_\_ . Section III is to be completed by \_\_\_\_\_

SECTION I (Initial appropriate item when completed)	ITEM COMPLETED
• Obtain the following items issued to employee :	
Facility keys (facilities, desks, cabinets, etc.)	
Equipment issued (i.e. laptop, cellular phone, pager, etc.)	
Credit/telephone cards	
Ministry manuals (Policies & Proc. Manual, Organizational Manual, etc.)	
Any petty cash funds	
_____	
_____	
• Calculate / Prepare / Obtain:	
Any severance pay	
Earned vacation pay	
Final payroll check	
Final expense report	
_____	
_____	
• Remove employee from :	
Insurance and retirement records	
Phone list, voice mail, mailbox, etc.	
Computer login passwords, e-mail address, website changes, etc,	
_____	
_____	
• Receive completed Exit Interview Questionnaire from employee	
• Review personnel policies for additional exit requirements	
• Obtain permanent address to mail Form W-2	
• Change safe combinations/check authorization cards, etc.	
• File all termination forms in Personnel File	
• Place employee's personnel file in inactive folder	
• Other :	
_____	
_____	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%; border-top: 1px solid black; text-align: center;">Signature of Responsible Person</div> <div style="width: 45%; border-top: 1px solid black; text-align: center;">Date</div> </div>	

Section II (Please check the appropriate boxes)		YES	NO
• Do you feel you were properly selected for your job considering your giftedness, talents/abilities, interest and education?			
• Did you like your job?			
• Did you feel you received adequate training on your job?			
• Do you feel the amount of work which you were asked to perform was reasonable?			
• Do you feel you were adequately recognized for the work you performed?			
• Do you feel the amount of responsibility given to you was adequate?			
• Do you believe you received fair pay for the work which you performed?			
• Do you feel the working conditions were good?			
• Do you feel your fellow employees were cooperative?			
• Do you feel you received effective and fair supervision while you were here?			
• Do you feel you were kept properly informed about ministry policies and developments?			
• Do you feel the promotional prospects would have been good had you stayed?			
• Were you satisfied with employee benefits such as sick leave, vacation, retirement plan, medical plan, etc.?			
• If a friend of yours were looking for a job, would you recommend that he/she apply for work here?			
•			
•			
•			
What were your most important reasons for leaving? _____			
Interviewer's observations and any additional comments _____			
_____ Signature of Responsible Person		_____ Date	
<b>SECTION III</b>			
Approve release of final payroll check		[     ] Yes [     ] No	
Additional comments regarding employee		_____ Signature of Responsible Person	