



EXIT INTERVIEW INSTRUCTIONS

Duval County Public Schools considers its employees to be its most valuable resource. As a result, the School District is committed to identifying and implementing strategies that will allow for the retention of a highly competent workforce. The use of Exit Interviews as a tool for gathering information regarding the experience of employees leaving the district is critical in the development and implementation of recruitment and retention strategies.

In order to facilitate the collection of information, the District has developed an exit interview form and process to be used by all District/School employees.

I. When to use Exit Packet: All full time employees resigning from the District

II. Documentation to be completed:

| Letter of Resignation | Exit Interview and Leave Disposition Form | Employee Separation Checklist |
|--|---|--|
| Employee’s official notification of separation of employment | Exit Interview Questionnaire and leave pay-out authorization | Verification of the return of district property. This document is completed by the employee and identified departments. |

Note: Employees can request the Disposition of Sick/Annual Leave using the Exit Interview Form. DCPS policy provides terminal leave pay for unused sick leave at termination, resignation or retirement. Employees must submit this form within 30 days of the date of separation to receive a payout of any sick leave for which they may be entitled. Terminal pay for the final salary payment and leave pay are withheld until both the Exit Interview and Exit Separation forms are received by Human Resources.

III. Submission of Resignation and Separation Documents:

Human Resources Department – Staffing to:
1701 Prudential Drive 1st floor Jacksonville FL 32207
or
Fax to (904) 390-2292.

IV. Complete the electronic [Exit Interview Survey Link](#) below:

https://dcps.qualtrics.com/jfe/form/SV_do6oPFbvADLK7qd

Thank you for your service to the District. Exit interview data from all departing employees is combined and presented to senior management in a summary report.

We appreciate your willingness to participate in the exit interview process.

Sincerely,

Sonita Young
Assistant Superintendent, Human Resource Services



Employee Separation Checklist

The purpose of this checklist is to assist DCPS employees and departments with an exit process when an employee separates employment with the district. Employees leaving the district must be aware of pertinent information, rights and benefits that may affect them at separation. The employee and responsible department must complete below tasks and sign where appropriate prior to separation.

| EMPLOYEE'S FULL NAME (Please Print) | PN NUMBER | LAST WORKING DAY |
|-------------------------------------|-----------|------------------|
| | | |
| DEPARTMENT/SCHOOL NAME | | |
| | | |

Employee should obtain signatures at the school/dept. site for Tasks 1-3 before submission to Human Resource Services for Tasks 4-6:

| TASK | DEPT RESPONSIBLE | SIGNATURE |
|--|--|---|
| 1. Employee submits resignation or Principal submits termination or Employee Benefits processes retirement. | School/Department | _____ (Principal/Supervisor submits copy of letter to HR within 2 days of receipt). |
| 2. Return all DCPS property to the School/Dept. contact: <input type="checkbox"/> Laptops <input type="checkbox"/> Tablets <input type="checkbox"/> Keys <input type="checkbox"/> Radios *(See Note Below) <input type="checkbox"/> P-Card <input type="checkbox"/> School ID badge <input type="checkbox"/> Other _____ <input type="checkbox"/> Return District ID badge to Human Resource Services. <input type="checkbox"/> Property not returned: _____ | School/Department (If Issued) Laptop Asset Number _____ (IT Equipment) Return to Bulls Bay) WITS Tracking Number _____ | _____ Principal/Supervisor returns District ID badge to HR. |
| 3. Remove employee from authorized signature list(s). | School/Department | _____ |
| <p>EMPLOYEE BENEFITS: Provided you've made the necessary contributions, your group health plans and flexible benefits will continue until the last day of the month in which termination occurs, unless you separate on the last work day of the month, then your benefits will continue to the end of the following month. If you have completed your contract year, your benefits will continue until August 31st. You will receive a COBRA notice allowing you the opportunity to continue your group health and life insurance benefit coverage after the end of the month of your termination. Contact Employee Benefits at 904-390-2351 if you have any questions.</p> | | |
| TASK | DEPT RESPONSIBLE | SIGNATURE |
| 4. Complete Employee Exit Questionnaire/Disposition of Sick Leave and submit to Human Resource Services along with the Separation Checklist: http://www.duvalschools.org/Page/5722 *(See Note Below) | HR | |
| 5. Update Permanent/Mailing Address via ESS or by contacting Human Resource Services. | HR | |
| 6. Notify Payroll Services that final paycheck (and/or leave payout) may be mailed. | HR | |

***NOTE: I UNDERSTAND THAT FAILURE TO RETURN ALL DCPS PROPERTY AND SUBMIT THIS FORM TO HUMAN RESOURCES PRIOR TO MY SEPARATION FROM THE DISTRICT, MAY RESULT IN A DELAY IN THE PROCESSING OF MY FINAL PAYCHECK AND ANY LEAVE PAYOUT.**

| EMPLOYEE SIGNATURE | DATE |
|--------------------|------|
| | |

Completed form must be returned to Human Resources, 1701 Prudential Drive, 1st: Floor Fax: 390-2292

| |
|---|
| For HR Use Only _____ HR TECH _____ TERM KEY DATE |
|---|



Exit Interview Questionnaire and Leave Disposition Form

Please submit to HR, 1st floor, 1701 Prudential Drive: Fax: 390-2292

Employee Name: _____ PN#: _____ School/Dept: _____

Email Address: _____ Separation Date (will be verified by HR): _____

Would you be interested in participating in an Exit Interview? Please indicate method: _____ Phone _____ In Person _____ Email

If you have been involuntarily terminated or are retiring, please skip to Notification of Separation Rights

➤ **Reason for Separation** (Indicate the SINGLE most important reason contributing to your separation by selecting ONE of these reasons):

- | | | |
|---|--|---|
| <input type="checkbox"/> Employment in Education in FL | <input type="checkbox"/> Entrepreneurship | <input type="checkbox"/> Lack of advancement opportunity |
| <input type="checkbox"/> Employment in Education outside FL | <input type="checkbox"/> Maternity/Parenthood | <input type="checkbox"/> Dissatisfaction with Supervisor |
| <input type="checkbox"/> Employment outside of Education | <input type="checkbox"/> Illness of Family Member | <input type="checkbox"/> Dislike/Unsuitable assigned duties |
| <input type="checkbox"/> Continuing Education | <input type="checkbox"/> Personal Illness/Disabled | <input type="checkbox"/> Inadequate Benefits |
| <input type="checkbox"/> Spouse Transferred | <input type="checkbox"/> Resigned during Probation | <input type="checkbox"/> Stress on Job |
| <input type="checkbox"/> Relocation | <input type="checkbox"/> Inadequate Support | |
| <input type="checkbox"/> Military | <input type="checkbox"/> Inadequate Salary | |

➤ **Notification of Separation of Rights**

Provided you've made the necessary contributions, your health group plans and flexible benefits will continue until the last day of the month in which termination occurs, unless you separate on the last work day of the month, in which case your benefits will continue to the end of the following month. If you have completed our contract year, your benefits will continue through August 31. You will receive a COBRA notice allowing you the opportunity to continue your group health and life insurance benefit coverage after the end of the month of your termination.

➤ **Disposition of Sick/Annual Leave**

DCPS policy provides terminal leave pay for unused sick leave at termination, resignation, or retirement. Employees must submit this form within 30 days of the date of separation to receive a payout of any sick leave for which they may be entitled.

I DECLARE THIS AN OFFICIAL NOTICE OF SEPARATION FROM SCHOOL DISTRICT EMPLOYMENT AND LEAVE DISPOSITION AS SET FORTH BELOW:

(CHOOSE ONE)

_____ I declare this as an official notice of separation from school district employment and request that my unused sick leave balance remain on deposit. I acknowledge (1) that these days will not be available as sick leave until I return to full-time employment or am employed by another Florida county which permits sick leave to be transferred into that county: (2) that these days **will not be** eligible for terminal sick leave pay should I return to employment with Duval County, but may only be used as sick leave when all leave earned after my most recent date of employment is used.

_____ I declare this an official notice of separation from school district employment and request payment of my terminal leave pay in accordance with School Board policy. I understand that my **sick** leave balance will be reduced to zero days remaining.

_____ I declare this an official request for my unused sick leave to be transferred to another Florida public school district/instruction per their policy. Please submit a letter (<http://www.duvalschools.org/Page/10234>) to the DCPS Payroll Dept. citing the number of hours you wish to transfer, along with the name and address of the receiving party.

(ADMINISTRATIVE/12 MONTH)

_____ I declare this is an official request for payout of my **ANNUAL LEAVE**

Signature

Date

OFFICE USE ONLY:

HR Staffing Process Date _____ By _____

HR Employee Support Process Date _____ By _____

Duval Years of Service _____ Florida Total Years of Service _____

For Payroll:

Total years of service for all public school districts: _____

Days Accrued _____ % of Daily Rate _____

**Daily Rate of Pay _____

Amount Paid _____

Process Date _____ By _____

**hours cancelled by above payment _____ (daily rate of pay at time of last leave accrual)