

RIO GRANDE CITY CONSOLIDATED INDEPENDENT SCHOOL DISTRICT  
OFFICE OF HUMAN RESOURCES

EXIT INTERVIEW FORM

Name: \_\_\_\_\_ Employee #: \_\_\_\_\_

Job Title: \_\_\_\_\_

Campus/Dept.: \_\_\_\_\_ Dates worked: \_\_\_\_\_ to \_\_\_\_\_

Forwarding Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

**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 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"/> Health Cards           | <input type="checkbox"/> Other _____       |

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Questionnaire:**

How would you rate your experience in Rio Grande City CISD in regard to the following?  
Check appropriate box.

	Excellent	Good	Fair	Poor
Working relationship with supervisor	( )	( )	( )	( )
Cooperation within department	( )	( )	( )	( )
Cooperation with other departments	( )	( )	( )	( )
Adequacy of job orientation and training	( )	( )	( )	( )
Work load	( )	( )	( )	( )
Physical working conditions	( )	( )	( )	( )
Availability of materials/equipment	( )	( )	( )	( )
Evaluation procedures	( )	( )	( )	( )
Recognition of the job	( )	( )	( )	( )
Employee benefits	( )	( )	( )	( )
Communication within district	( )	( )	( )	( )
Central administration support	( )	( )	( )	( )
Community support for district	( )	( )	( )	( )
Overall experience with Rio Grande City CISD	( )	( )	( )	( )

Comments: \_\_\_\_\_  
\_\_\_\_\_

What factors made your employment a positive experience with Rio Grande City CISD?

\_\_\_\_\_  
\_\_\_\_\_

Do you have any comments or suggestions to improve Rio Grande City CISD?

\_\_\_\_\_  
\_\_\_\_\_

Would you recommend Rio Grande City CISD to others as a place to work?

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

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

Signature of Employee \_\_\_\_\_