

**Company Name**  
**EMPLOYEE TERMINATION EXIT INTERVIEW**

Name: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ Last Day \_\_\_/\_\_\_/\_\_\_

Termination was  Voluntary (Date notice was received) \_\_\_/\_\_\_/\_\_\_  Involuntary

**Leave of Absence:**  Employee Request  Company Suggest  Leave granted until \_\_\_/\_\_\_/\_\_\_

**Retirement:**  Personal Reasons

**Lay Off:**  Lack of Work  Project Ended

**Quit:**

- |   |   |                                     |   |
|---|---|-------------------------------------|---|
| <input type="checkbox"/> In Lieu of Discharge | <input type="checkbox"/> Refused Transfer | <input type="checkbox"/> Military   | <input type="checkbox"/> Other Opportunity      |
| <input type="checkbox"/> Reduction in Hours   | <input type="checkbox"/> Dissatisfied     | <input type="checkbox"/> Moved      | <input type="checkbox"/> New Job                |
| <input type="checkbox"/> Reduction in Pay     | <input type="checkbox"/> Personal         | <input type="checkbox"/> School     | <input type="checkbox"/> Never Returned to Work |
| <input type="checkbox"/> Change in Work       | <input type="checkbox"/> Transportation   | <input type="checkbox"/> None Given |   |

**Discharge:** Was employee warned before discharge?  Yes  No By Whom? \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> Tardiness                           | <input type="checkbox"/> Fighting  |
| <input type="checkbox"/> Personal Business                   | <input type="checkbox"/> Creating a safety hazard  |
| <input type="checkbox"/> Failure to Use Protective Equipment | <input type="checkbox"/> Possession of weapons, alcohol, drugs                               |
| <input type="checkbox"/> False claims of injury              | <input type="checkbox"/> Inhalants   |
| <input type="checkbox"/> Shoddy or Defective Work            | <input type="checkbox"/> Personal business at work   |
| <input type="checkbox"/> Neglect duties or responsibilities  | <input type="checkbox"/> Unauthorized use or possession of keys                              |
| <input type="checkbox"/> Loitering or Sleeping               | <input type="checkbox"/> Working under the influence of alcohol, drugs, inhalants            |
| <input type="checkbox"/> Insubordination                     | <input type="checkbox"/> Destroying or wasting property or material                          |
| <input type="checkbox"/> Productivity not up to standards    | <input type="checkbox"/> Violating safety and health rules                                   |
| <input type="checkbox"/> Absences – unreported               | <input type="checkbox"/> Falsifying information on any forms, reports, time cards or records |
| <input type="checkbox"/> Absences – reported                 |  |
| <input type="checkbox"/> Negligence with assigned property   |  |

**Reason in Full:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Final Appraisal:** Rate as follows: E = Excellent G = Good F = Fair P = Poor  
\_\_\_\_ Work Quality \_\_\_\_ Attendance \_\_\_\_ Effort \_\_\_\_ Productivity \_\_\_\_ Teamwork \_\_\_\_ Versatility

Recommended for rehire? Y  N  Explain if No: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_