

H0STOS COMMUNITY COLLEGE
The City University of New York

EXIT INTERVIEW FORM

Last Name	First	Initials	Social Security Number	
Forwarding Address	Street	City	State	Zip Code
Department			Immediate Supervisor	

Reason For Separation

<u>Voluntary</u>	<u>Involuntary</u>
Better job _____	Lack of funds _____
Insufficient pay _____	Lack of work _____
Relocation _____	End of appointment _____
Illness _____	Non-Reappoint _____
Retirement _____	Mandatory retirement _____
Family _____	Disciplinary * _____
Other (Use back if necessary): _____	*State reason: _____

Please check the appropriate lines (additional comments may be placed on the back).

	<u>Yes</u>	<u>No</u>
1. Do you feel were properly placed on your job considering your interest, ability and schooling?	_____	_____
2. Did you like your job?	_____	_____
3. Do you feel you received adequate training on your job?	_____	_____
4. Do you feel the workload which you were asked to undertake was Reasonable.....	_____	_____
5. Do you believe you received fair pay for the work you are doing	_____	_____
6. Do you feel the working conditions were good?	_____	_____
7. Do you feel your colleagues were cooperative?	_____	_____
8. Do you feel you received effective and fair supervision while You were here?	_____	_____
9. Do you feel that you were kept properly informed about college Policies and developments?	_____	_____
10. Do you feel the promotional prospects would have been good had you stayed.....	_____	_____
11. Were you satisfied with employee benefits such as sick leave, vacations, retirement plan, medical plan , etc	_____	_____
12. If a friend of yours were looking for a position would you recommend that he or she work here?.....	_____	_____
13. Would you work for the college again?	_____	_____

EXIT INTERVIEW FORM
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What were your most important reasons for leaving?

What suggestions do you have which will make this college a better place to work?

Signature _____
Date _____

FACULTY & STAFF CLEARANCE SIGN-OFF FORM

Name _____

Title _____

Department _____

Separation Date _____

CLEARANCES MUST BE OBTAINED FROM THE FOLLOWING AREAS PRIOR TO THE RELEASED FINAL PAYCHECK

SIGNATURE

DATE

DEPARTMENT CLEARANCE

Assignments completed

Teaching materials

Official department records

Department property (cell phones, reports, pins, etc)

INFORMATION TECHNOLOGY (B-429)

Equipment

Software

Instructions manuals

Access code

Other

LIBRARY

Books due

Fines

PAYROLL/ACCOUNTING (T-504)

Final timesheets

Pay Advances

PUBLIC SAFETY/LOCKSMITH (C-030)

Keys * (see attached key form and
get appropriate signature

I.D. Card*

Parking Sticker

PROPERTY MANAGEMENT (G-100)

Office Laboratory

and/or Recreation Equipment

HUMAN RESOURCES (B-215)

Benefits

Exit Interview

Final timesheets

Swipe Card

COMPLETED FORM MUST BE RETURNED TO HUMAN RESOURCES OFFICE

* Lost Keys, ID or swipe cards must be paid for.

HUMAN RESOURCES is the last signature

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