

OFFICE OF HUMAN RESOURCES  
JACKSON STATE UNIVERSITY  
Jackson, Mississippi

EXIT INTERVIEW  
(To be completed by employee)

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Faculty ( ) Staff ( )  
Hire Date \_\_\_\_\_ Termination Date \_\_\_\_\_ Salary/Pay Rate \_\_\_\_\_

Department \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Address After Separation \_\_\_\_\_ Telephone Number \_\_\_\_\_

Type of Separation: Retirement Resignation Discharge Layoff

Also, please state in your own words your reason(s) for leaving \_\_\_\_\_

Complete when RESIGNING:

New Employer \_\_\_\_\_

Address \_\_\_\_\_

Nature of new work \_\_\_\_\_

What does the new job offer that your position at Jackson State University did not? \_\_\_\_\_

What did you enjoy most about the position you held? \_\_\_\_\_

What did you enjoy the least about the position you held? \_\_\_\_\_

Would you recommend Jackson State University to a friend? ( ) Yes ( ) No

Would you be willing to return to the same position? ( ) Yes ( ) No

What suggestions would you offer for the improvement of rules and regulations and policies? \_\_\_\_\_

Was your work load: ( ) Too great ( ) Too light ( ) About right ( ) Varied

What work experience and skills are best suited for the job you are vacating? \_\_\_\_\_

Complete if DISCHARGE:

Were you notified? ( ) Yes ( ) No How were you notified? \_\_\_\_\_

Is reason for termination the same as that given by supervisor? Yes ( )  
No ( ) If no, please explain \_\_\_\_\_

Did the department suffer any hardship as a result? Yes ( ) No ( )  
If yes, please explain \_\_\_\_\_

Complete if LAID OFF:

Were you offered a transfer? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, to which department? \_\_\_\_\_

Job Title? \_\_\_\_\_

Why was transfer refused? \_\_\_\_\_

If you were laid off, were the reasons explained to you by the supervisor  
and/or department head? Yes ( ) No ( )

If yes, have the reasons been documented? Yes ( ) No ( )

How would you rate the following in your department?

	Excellent	Good	Fair	Poor
Cooperation within the Department	( )	( )	( )	( )
Cooperation with other Departments	( )	( )	( )	( )
On-the-job training	( )	( )	( )	( )
Equipment provided	( )	( )	( )	( )
Communication	( )	( )	( )	( )
Physical working conditions	( )	( )	( )	( )

What did you think of supervision on the following points?

	Almost Always	Usually	Sometime	Never
Follows policies & practices	( )	( )	( )	( )
Demonstrates fair & equal treatment	( )	( )	( )	( )
Provides recognition on the job	( )	( )	( )	( )
Develops cooperation	( )	( )	( )	( )
Resolves complaints and problems	( )	( )	( )	( )

### CHECKLIST

Have you returned the following:

- ( ) Keys ( ) I.D./Supercard ( ) American Express  
( ) Handbooks ( ) Supercard ( ) All Inventory

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Date

*\*NOTE: The completed employee's and supervisor's Exit Interview forms are to be submitted with the Personnel Action Form.*



Complete in DISCHARGE cases:

When was employee notified? \_\_\_\_\_ How was employee notified? \_\_\_\_\_

Is reason for termination the same as that given by employee? Yes ( ) No ( )  
If no, please explain \_\_\_\_\_

Did the department suffer any hardship as a result? Yes ( ) No ( )  
If yes, please explain \_\_\_\_\_

Complete in LAYOFF cases:

Was employee offered a transfer? Yes \_\_\_\_\_ No \_\_\_\_\_

To which department? \_\_\_\_\_

To which job? \_\_\_\_\_

Was transfer accepted? ( ) Yes ( ) No If no, please explain why \_\_\_\_\_

If the employee was laid off, were the reasons explained to the employee by the supervisor and/or department head? Yes ( ) No ( )

Have the reasons been documented? Yes ( ) No ( )

#### SERVICE RATING

	Excellent	Good	Fair	Poor
Habits of Work	( )	( )	( )	( )
Quality of Work	( )	( )	( )	( )
Quantity of Work	( )	( )	( )	( )
Reliability	( )	( )	( )	( )
Attendance	( )	( )	( )	( )
Punctually	( )	( )	( )	( )
Accident Record	( )	( )	( )	( )

#### INVENTORY CHECK LIST

- |                         |                                    |
|-------------------------|------------------------------------|
| ( ) Keys Returned       | ( ) Supercard Returned             |
| ( ) I.D. Card Returned  | ( ) American Express Card Returned |
| ( ) Inventory Performed | ( ) University Property Returned   |
| ( ) Handbook            |                                    |

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Date

**\*NOTE:** The completed employee's and supervisor's Exit Interview forms are to be submitted with the Personnel Action Form.

Revised  
May 6, 1996