

Exit Interview Form

Employee Name:				
Employee Number:				
Employee Address:				
Last Day Worked:				
Type of Separation:	Layoff Quit	Discharge	·	
	Personal Leave	Medical Leave	_	
Note: If the employee v	vas discharged, please indic	cate below whom persona	lly discharged the employee.	
		Name & Ti	tle	
Please document below, d letter). If the employee w i attach additional remarks o	ill be laid off for 10 weeks	tion and attach any perti or less, please indicate	inent documentation (i.e., verb the return to work date below	al, written warnings, or a resignation v. If additional space is needed, please
*Please be sure to include a	all relevant dates, times, and	d witnesses to any and all	of the above. *	
Form filled out by: (Signatu	ure) & (Title)		Date	_
Phone				
Employee Comments:				
Employee Signature			Date	
Charleban if analysis			C:	