



# Gonzales Independent School District

## EXIT INTERVIEW FORM

Date: \_\_\_\_\_ Central Office Received: \_\_\_\_\_

Name: \_\_\_\_\_ Campus: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates Worked: \_\_\_\_\_ to \_\_\_\_\_

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

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

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 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"/> Other: _____           | _____                                      |

Interviewed By \_\_\_\_\_ Date \_\_\_\_\_

Employee \_\_\_\_\_ Date \_\_\_\_\_

**Administrator:** Send this completed form to Human Resources within two days of employee exit. If employee not available for interview, please note on the form. Form Revised: 2/25/2010



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## EMPLOYMENT PRACTICES Questionnaire:

How would you rate your experience in **Gonzales ISD** in regard to the following? Check the appropriate box.

	Excellent	Good	Fair	Poor
Working relationship with your supervisor	[ ]	[ ]	[ ]	[ ]
Cooperation within department	[ ]	[ ]	[ ]	[ ]
Cooperation with other departments	[ ]	[ ]	[ ]	[ ]
Adequacy of job orientation and training	[ ]	[ ]	[ ]	[ ]
Workload	[ ]	[ ]	[ ]	[ ]
Physical working conditions	[ ]	[ ]	[ ]	[ ]
Availability of materials/equipment	[ ]	[ ]	[ ]	[ ]
Evaluation procedures	[ ]	[ ]	[ ]	[ ]
Recognition on the job	[ ]	[ ]	[ ]	[ ]
Employee benefits	[ ]	[ ]	[ ]	[ ]
Communication within the district	[ ]	[ ]	[ ]	[ ]
Central administration support	[ ]	[ ]	[ ]	[ ]
Community support for district	[ ]	[ ]	[ ]	[ ]
Overall experience with Gonzales ISD	[ ]	[ ]	[ ]	[ ]

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

What factors made your employment a positive experience with **Gonzales ISD**?

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

Do you have any comments or suggestions to improve **Gonzales ISD**? \_\_\_\_\_

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

Would you recommend **Gonzales ISD** to others as a good place to work? [ ] YES [ ] NO

Interviewed by \_\_\_\_\_ Position \_\_\_\_\_

Signature of Exiting Employee: \_\_\_\_\_ Date: \_\_\_\_\_

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