



CITY OF GLENDALE
HUMAN RESOURCES DEPARTMENT
EMPLOYEE EXIT INTERVIEW FORM

Name: _____ Employee ID #: _____

Date of Separation: _____ Length of Service: Years _____ Months _____

Classification: _____

Department/Division/Section: _____

Current Supervisor's Name: _____

PLEASE COMPLETE QUESTIONS 1 THRU 9:

1. TYPE OF SEPARATION:

- | | |
|--|--|
| <input type="checkbox"/> Resignation (If Resignation, fill out #2 below) | <input type="checkbox"/> Discharge/Removal |
| <input type="checkbox"/> Retirement: Service _____ or Disability _____ | <input type="checkbox"/> Layoff |
| <input type="checkbox"/> Leave of Absence | <input type="checkbox"/> Military Leave |

2. REASON FOR SEPARATION (only applies to Resignations):

- | | | |
|---|---|--|
| Personal: | Dissatisfaction with: | Miscellaneous: |
| <input type="checkbox"/> Family responsibilities | <input type="checkbox"/> Supervision | <input type="checkbox"/> Health |
| <input type="checkbox"/> Illness or death in family | <input type="checkbox"/> Lack of advancement | <input type="checkbox"/> End of temporary job |
| <input type="checkbox"/> Commuting time | <input type="checkbox"/> Type of work | <input type="checkbox"/> To attend school |
| <input type="checkbox"/> To remain at home | <input type="checkbox"/> Time of shift | <input type="checkbox"/> Incarceration |
| <input type="checkbox"/> To take another job | <input type="checkbox"/> Number of hours worked | <input type="checkbox"/> Anticipation of discharge/removal |
| <input type="checkbox"/> Moving out of area | <input type="checkbox"/> Workload | |
| <input type="checkbox"/> To join spouse | <input type="checkbox"/> Fringe benefits | |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

3. DO YOU HAVE ANOTHER JOB? Yes No If yes, please provide the following:

New employer: _____

Address: _____

Phone: _____

Your job title in new position: _____

Start date: _____ Salary in new position: _____

4. WHY DID YOU SEEK ANOTHER JOB? Please explain:

Does your new position satisfy these reasons? Yes No

5. WOULD YOU WANT TO WORK FOR THE CITY OF GLENDALE AGAIN?

Yes No If yes, under what circumstances? If no, why? Please list below:

6. IN YOUR OPINION, DID MANAGEMENT:

	Yes	No	Sometimes
Effectively communicate job assignments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encourage employees to discuss problems freely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resolve complaints and problems fairly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effectively utilize their employees' abilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan and schedule work assignments effectively?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide adequate guidance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Give regular and timely job performance reviews?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discuss reviews with the employee and welcome feedback?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

7. HOW WOULD YOU RATE THE FOLLOWING IN YOUR JOB OR DEPARTMENT?

	Excellent	Good	Fair	Poor
Communications within department/division/section	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation within the department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation with other departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation with the public / customer service outlook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-the-job training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical working conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall safety record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity for advancement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

8. HOW WOULD YOU RATE THE CITY'S PAY, BENEFITS & PERSONNEL POLICIES?

(Please check all that apply)

	Excellent	Good	Fair	Poor
Rate of pay for class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vacations / holidays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sick leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retirement plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical plan (specify plan) : _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychological health plan (Employee Assistance Program)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental plan (specify plan) : _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision plan (<input type="checkbox"/> GCEA <input type="checkbox"/> Management)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuition reimbursement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personnel policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Suggestions for improvement:

9. ADDITIONAL COMMENTS (If necessary, you may attach a separate sheet):

Employee's signature: _____ Date: _____

10. INTERVIEWER'S COMMENTS:

Interviewer's signature: _____ Date: _____