



# CAPE GIRARDEAU PUBLIC SCHOOLS

301 NORTH CLARK AVE • CAPE GIRARDEAU, MO 63701 • PHONE: 573-335-1867 • FAX 573-335-1820

## Employee Exit Interview Form

Employees leaving the district are granted an exit interview to voice their experiences and concerns they have had during their employment. This form is to be completed by the employee and/or the Human Resource Coordinator.

### Personal and Confidential

Building: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Date: \_\_\_\_\_

Position: \_\_\_\_\_

Last Day of Employment: \_\_\_\_\_

1. Specifically, why are you leaving the District:

2. What did you like most about working here?

3. What did you like least?

4. Do you feel you were treated fairly? YES / NO

Please explain

5. Are there any problems that you know about (or heard of) concerning the District?

**Rating your Supervisor/Department**

Supervisor's Name: \_\_\_\_\_

Rate your immediate supervisor on the following:

	Always	Usually	Sometimes	Never
Follows policies and procedures				
Treats employees in a fair and equal way				
Provides recognition for a job well done				
Resolves complaints and problems				
Gives needed information				
Knows his/her job well				
Welcomes suggestions				
Maintains discipline				

What do you think of the following in your department?

	Excellent	Good	Fair	Poor
Cooperation/teamwork in the department				
Cooperation with other departments				
Communications				
Working conditions				

Additional comments:

\_\_\_\_\_  
Employee Name (Please Print)

\_\_\_\_\_  
Employee Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
CAO Administrator Signature

Date: \_\_\_\_\_

**Thank you for taking the time to share your thoughts with us.  
Please return this form to the Office of Human Resources**

Revised: 4/1/2018