Exit Interview Checklist

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

Department: Supervisor:

Start Date: End Date:

Starting Position: Ending Position: ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Starting Salary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ending Salary:

**Salary and Benefits**

Unused vacation benefits accrued through last day (if applicable)

Other Payments (commissions, travel reimbursement)

\_\_\_ COBRA Administration (date coverage ending, insurance company notified, etc.)

Life Insurance (end date of coverage, insurance company notification)

401(k) plan (Rollover/Withdrawal information)

Other Benefits

**Return of Company Property**

**\_\_\_** Computer Equipment/Programs

**\_\_\_** Keys/Keycards/Identification Badges

**\_\_\_** Equipment (Cell Phone/Pager/Palm Pilot/Uniform/Tools)

**\_\_\_** Printed Material (Manuals/Books/Ledgers)

**\_\_\_** Business Cards

**\_\_\_** Credit Cards

**\_\_\_** Transportation (Vehicle/Subway Pass/Bus Pass/Parking Pass)

**\_\_\_** Other:

**Employee Comments and Concerns**

**\_\_\_** Discussed satisfaction with managers

**\_\_\_** Discussed satisfaction with departmental operations and the company as a whole

**\_\_\_** Discussed suggestions for improvement

Current Address:

Forwarding Address (if applicable):

**Approval:**

Name: Position: Date: