

TREMONTON CITY CORPORATION

EXIT INTERVIEW

Employee Name: _____ Date: _____

Supervisor: _____

Reason for Termination: _____

ITEMS TO BE TURNED IN:

| | | |
|------------------|-------|------|
| Identification | _____ | Date |
| Keys | _____ | Date |
| Uniforms | _____ | Date |
| Personnel Manual | _____ | Date |
| Gas Cards | _____ | Date |
| Credit Cards | _____ | Date |
| Other (Describe) | _____ | Date |

POSSIBLE CONTINUED BENEFITS:

| | | |
|------------------------|-------|------|
| Cobra/Health Insurance | _____ | Date |
| Car Insurance | _____ | Date |
| Life Insurance | _____ | Date |

OTHER POSSIBLE BENEFITS:

| | | |
|------------------|-------|------|
| Retirement | _____ | Date |
| Other (Describe) | _____ | Date |

OTHER SETTLEMENTS:

| | | |
|------------|-------|------|
| Vacation | _____ | Date |
| Sick Leave | _____ | Date |
| Advances | _____ | Date |
| Other | _____ | Date |
| | _____ | Date |
| | _____ | Date |

This employee is recommended for rehire: YES NO

Reason if no: _____

These items were reviewed on the above date(s).

Signature of Employee

Signature of Supervisor

Signature of Personnel Department

Notes:



REV 02-12.1

A25-2

