

# Employee Exit Information

## Part 1: Employee Information

The employee is asked to complete all of section one below and return to the appropriate supervisor.

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

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

Last Date of Work: \_\_\_\_\_

I wish to continue health benefits at my own expense under COBRA: \_\_Yes \_\_No

What did you like best about your job? \_\_\_\_\_

What could have been done for you to remain employed here? \_\_\_\_\_

If you could change anything about your job or the school/district, what would you change?

Please give us any additional feedback regarding your experience as an employee of Monroe Public Schools:

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

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

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## Part 2: Supervisor Information

The above employee is leaving employment and should be removed from payroll.

Resigned\_\_ Retired\_\_ Other \_\_\_\_\_

Effective Exit Date: \_\_\_\_\_ Last Work Day: \_\_\_\_\_

Recommendation: Satisfactory \_\_ Exceeded Expectations \_\_ Unsatisfactory \_\_

Future Consideration: Would Rehire \_\_\_\_ Would Not Rehire \_\_\_\_

Replacement Needed: \_\_\_\_ Replacement Not Needed: \_\_\_\_

Supervisor Signature: \_\_\_\_\_

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

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## Part 3: Human Resources Office

The above-listed person is leaving employment with Monroe Pubic Schools and should be removed from payroll as of the effective date indicated.

To include \_\_\_\_ vacation days. Terminal Pay (if any) \_\_\_\_\_

\_\_\_\_\_  
Executive Director of Human Resources

\_\_\_\_\_  
Date

**This form to be returned to the Human Resources Office when parts 1 and 2 are complete.**