

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 Human Resources Director

Notes:

REV 02-12.1

A25-2