



## Employee Exit Procedures

When an employee reaches the end of employment for any number of reasons, both voluntary and involuntary, supervisors are responsible for managing the off boarding process for a smooth transition.

The supervisor should do an assessment of what is needed to conduct the off boarding process.

Supervisors should account for:

Notice – Staff are required to give resignation notice in advance. Please refer to the Personnel Handbook for resignation notice procedure. The purpose of advance notice is to allow for an orderly transfer of clients and other responsibilities. Therefore, days should be interpreted as working days, not accrued vacation or personal days.

Exit Checklist - The following procedures should be followed when an employee ends employment with Center For Family Services.

- During the last days of employment, the immediate supervisor will complete the Exit Checklist with the resignee.
- Supervisor will also contact the Finance Department to determine that outstanding program and cash advances have been reconciled and that travel/expense reports have been submitted.
- Supervisor should assess any and all access to voicemail, external and internal agency accounts including but not limited to email, AWARDS, and federal and state systems, and ensure timely transition of access.
- In order to maintain a smooth change in operations, please be sure to notify all need to know external and internal persons about the staffing change.

This completed checklist and accompanying documents is to be forwarded to the Associate Vice President and Senior Executive who will then forward to Human Resources.

Exit Interview - Once the employee has submitted the Notice of Resignation, an Exit Interview will be scheduled between the employee and their supervisor's supervisor. The interviewer will be responsible for scheduling the Exit Interview. Interviewer should complete the Employee Exit Interview Form with the interviewee.

The resigning staff person may request that the Exit Interview be conducted by a Senior Executive.

Given the format of the Employee Exit Interview Form, the interviewer may ask all the questions, or give the form to the interviewee to complete, and then review the form together.

If it is impossible to schedule a face to face interview, this form could be used by mail or over the phone, although this would not be the preferred method.

The completed form should be signed by the employee and the interviewer and dated.

Responses on the form will be disseminated only on a “need-to-know” basis and for the constructive improvement of the organization.

*E3 Status Change* - The Supervisor should update the staff person’s status in e3 and send to appropriate Associate Vice President and Senior Executive.

The completed packet of information including resignation notice, completed exit checklist, completed Exit Interview should be forwarded to the Associate Vice President and Senior Executive for review and signature and then forwarded to Human Resources.

Human Resources will contact separated employee with a separation packet to review benefits.

End of Employment Checklist – Page 1 To be completed by Supervisor.

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Property: Please collect all Agency physical and intellectual property before a staff persons last day.

Agency Keys	Doors	_____	_____
	File Cabinets	_____	_____
	Desks	_____	_____
	Vehicle	_____	_____

ID Badge/Card		_____	_____
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Communications	Cellphone	_____	_____
	Voice Mail cleared	_____	_____

Computer	Laptops	_____	_____
	Software & CDs	_____	_____
	Files	_____	_____

Computer Passwords	Sign-on	_____	_____
	Screen Saver	_____	_____
	Internet	_____	_____
	E-mail	_____	_____

Agency Credit Cards		_____	_____
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Agency Tools & Equipment		_____	_____
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Review of File Cabinets/Binders		_____	_____
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All direct service work transferred or terminated		_____	_____
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Lists of required tasks undone with due dates		_____	_____
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Contacts with phone numbers		_____	_____
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List of all upcoming special attention tasks with due dates		_____	_____
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List of all committees internal/external		_____	_____
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To be cleared and verified by supervisor through Finance Office

Outstanding Program Advances		_____	_____
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Travel/Expense Reports		_____	_____
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Accrued Vacation		_____	_____
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Last paycheck, if not direct deposit		_____	_____
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Forward the completed supervisor's section of the End of Employment Checklist to the program director for review and signature.

\_\_\_\_\_  
Program Director Signature

\_\_\_\_\_  
Date

End of Employment Checklist – Page 2 To be completed by Program Director

Payroll Change Sheet

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

- Be sure that current address and phone numbers are on Payroll Change Sheet as current contact information.
- State on Payroll Change Sheet whether the employee is eligible or ineligible for rehire.

Forward the completed supervisor and program director section of the End of Employment Checklist, with Payroll Change Sheet to the Senior Executive for review and signature. Please forward complete staff files to HR for appropriate storage.

\_\_\_\_\_  
Senior Executive Signature

\_\_\_\_\_  
Date

The Senior Executive will forward the completed packet to the Human Resources Department who will forward necessary information to the Finance Office.

The Program Director schedules and conducts the Exit Interview

Employee Exit Interview Conducted By:  
\_\_\_\_\_  
Date: \_\_\_\_\_

(see Employee Exit Interview form on next page)

The completed Employee Exit Interview form should be forwarded to Senior Executive for signature then forwarded to Human Resources for inclusion in personnel record.

Data will be aggregated and periodically reported to CQIP and the Senior Executives.



Employee Exit Interview

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

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

Verification of Phone #: \_\_\_\_\_

Verification of Current Address:

\_\_\_\_\_

Program/Location: \_\_\_\_\_

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

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

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

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

Responses on this form will be disseminated only on a "need-to-know" basis and for the constructive improvement of the organization.

Part I: Reasons for Leaving More than one reason may be given if appropriate; if so, circle the primary reason.

\*Resignation

- |  |  |
|--|--|
| <input type="checkbox"/> Took another position             | <input type="checkbox"/> Dissatisfaction with salary             |
| <input type="checkbox"/> Dissatisfaction with type of work | <input type="checkbox"/> Dissatisfaction with coworkers          |
| <input type="checkbox"/> Dissatisfaction with supervisor   | <input type="checkbox"/> Dissatisfaction with working conditions |
| <input type="checkbox"/> Relocation to another city        | <input type="checkbox"/> To attend school/further education      |
| <input type="checkbox"/> Travel difficulties               |  |
| <input type="checkbox"/> No response to recall from layoff |  |
| <input type="checkbox"/> Other (specify)                   |  |

\_\_\_\_\_  
\_\_\_\_\_

\*Laid Off

- Lack of work
- Program closure
- Abolition of position
- Lack of funding
- Unsatisfactory work performance during orientation period

\*Discharge

- |   |  |
|---|--|
| <input type="checkbox"/> Neglect of Duties                    | <input type="checkbox"/> Tardiness       |
| <input type="checkbox"/> Violation of Policies and Procedures | <input type="checkbox"/> Insubordination |
| <input type="checkbox"/> Ethical Violation                    | <input type="checkbox"/> Paperwork       |
| <input type="checkbox"/> Attendance                           | <input type="checkbox"/> Safety          |
| <input type="checkbox"/> Other (specify)                      |  |
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Plans after leaving:

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Part II: Comments/Suggestions for Improvement We are interested in what our employees have to say about their work experience with Center For Family Services. Please complete the following.

1. What did you like more about your job:
2. What did you like least about your job?
3. How did you feel about pay and benefits?

	Excellent	Good	Fair	Poor
Rate of pay for your job	( )	( )	( )	( )
Paid accrual benefits	( )	( )	( )	( )
401 K & 403B	( )	( )	( )	( )
Medical coverage for self	( )	( )	( )	( )
Medical coverage for dependents	( )	( )	( )	( )
Life insurance	( )	( )	( )	( )

4. How did you feel about the following:

	Very Satisfied	Slightly Satisfied	Neutral	Slightly Dissatisfied	Very Dissatisfied
Opportunity to use your abilities	( )	( )	( )	( )	( )
Recognition of the work you did	( )	( )	( )	( )	( )
Training you received	( )	( )	( )	( )	( )
Your supervisors management method	( )	( )	( )	( )	( )
Opportunity to talk with supervisor	( )	( )	( )	( )	( )
Information received on policies, programs, and problems	( )	( )	( )	( )	( )
Promotion policies and practices	( )	( )	( )	( )	( )
Discipline policies and practices	( )	( )	( )	( )	( )
Job transfer policies and practices	( )	( )	( )	( )	( )
Overtime policies and practices	( )	( )	( )	( )	( )
Performance review policies and practice	( )	( )	( )	( )	( )
Physical working conditions	( )	( )	( )	( )	( )

Comments:

5a.If you are taking another job, what kind of work will you be doing?

5b.What has your new place of employment offered you that is more attractive than your present job?

5c.Could Center For Family Services made any improvements that might have influenced you to stay in your current position?

Other remarks:

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Employee Signature

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Date

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Interviewer Signature

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Date

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Senior Executive

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Date

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