

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 10-08.1