



SEPARATION CHECKLIST/EXIT INTERVIEW

All items must be completed, dated and initialed as appropriate prior to final check being created

FOR COMPLETION BY EMPLOYEE

1. Name:		2. Department:	
3. Job Title:		4. Supervisor's Name:	
5. Date Hired:		6. Date Separated:	
7. Type of Termination:		8. Check Stated Reason for Separation:	
Resignation <input style="width: 30px; height: 20px;" type="checkbox"/>	<input type="checkbox"/>	___ Reduction in Force/Laid Off	___ Absenteeism/Tardiness
Retirement <input style="width: 30px; height: 20px;" type="checkbox"/>	<input type="checkbox"/>	___ Resignation Due to Medical Condition	___ Refusal to Work Overtime
Discharge <input style="width: 30px; height: 20px;" type="checkbox"/>	<input type="checkbox"/>	___ Unable/Unqualified to do the Work	___ Involuntary Retirement
Layoff <input style="width: 30px; height: 20px;" type="checkbox"/>	<input type="checkbox"/>	___ Perceived Unsatisfactory/Hazardous Working Conditions	___ Voluntary Retirement
		___ Substantial Change in Working Conditions	___ Lack of Transportation
		___ Perceived Unreasonable Reduction in Pay	___ Rules/Policy Violation
		___ Quit because of Dissatisfaction with Supervisor	___ Quit to Move out of Area
		___ Quit for Personal Reasons/Other – please explain:	___ Quit to Seek or Accept Other Work
9. Notification of Separation:		10. Payroll Information:	
___ Written Letter of Resignation to supervisor or department head stating reason decision was made to separate from current employment		Please issue final paycheck in the following manner:	
___ Copy of Letter of Resignation to Human Resources		___ Prepare a paper check for pickup from my department	
Amount of Notice Received (working days): _____		___ Prepare direct deposit as usual because I have returned all City property	
11. W-2 Mailing (if different than current address with HR)		___ Prepare a paper check and mail to forwarding address:	
_____		_____	
_____		_____	
_____		_____	
12. Acknowledgement:			
As an employee, and even after your employment with the City ends, you may be asked to appear in court as witness, to give testimony, or to have your deposition taken concerning matters arising out of your employment and work with the City of Gunnison. We believe that your cooperation is a part of your duties and commitment as an employee and we expect that you will speak truthfully and without bias, either for or against the City. If ordered, you have a duty to appear in these matters and you may be compensated in keeping with Colorado law.			
_____		_____	
Signature of Employee		Date	

SEPARATION CLEARANCE
(employee obtains dates/initials from appropriate persons)

Required Actions	Date Completed	Initials	
Provide status of work related projects to Supervisor		Supervisor	
Provide all passwords associated with City applications to Supervisor/discuss Word and Excel files etc. and in which folders they can be found		Supervisor	
Ensure all emails are properly classified and stored and non-record emails are disposed of		Supervisor	
Complete all work requested to be done prior to final active day at work		Supervisor	
Notify IT when to end all computer/email access		System Administrator	
Cell phone cancellation		System Administrator	
Notify Finance Department of any outstanding charges that are not yet vouchered		Finance	
Turn in final reimbursement requests (i.e. cell phone) and expense reports to Finance Dept.		Finance	
Return all City property in your possession to your Supervisor or Department Head		Supervisor	
Deactivation of Public Works Gate Code, IWorQ Account, and removal from DOT Random Drug Testing Pool (as applicable)		Public Works	
Return City purchasing card(s) to HR		Human Resources	
Return City fleet card(s) to HR		Human Resources	
Return City key(s) to HR		Human Resources	
Bring final timesheet/signed by Supervisor to HR		Human Resources	
Complete Exit Interview with HR		Human Resources	
Return completed Separation Checklist to HR		Human Resources	
Section 457 Plan – Coverage Dates and Notices Discussed and Provided		Human Resources	
Retirement 401(a) Plan – Coverage Dates and Notices Discussed and Provided		Human Resources	
Medical Insurance Plan – Coverage Dates and Notices Discussed and Provided (including COBRA notice)		Human Resources	
Life Insurance Plan – Coverage Dates and Notices Discussed and Provided		Human Resources	

Signature of Employee

Date

EXIT INTERVIEW QUESTIONNAIRE

The City of Gunnison would like to have your input regarding our personnel practices. We are striving to make this organization a better place in which to work. Your answers to the following questions will not be considered confidential and may be used by any number of members of the organization. Your cooperation is very much appreciated.

Name:	Date:	Job Title:
What are your principal reasons for leaving the organization?		
What did you <u>most</u> like about this organization?		
What did you <u>least</u> like about this organization?		
Was there anything that made it difficult or unpleasant to work for the City?		
How do you feel about your:		
Pay?		
Benefits?		
Job Progress?		
Training opportunities?		
Supervisor?		
Co-workers?		

Was your job represented correctly when you were hired? If no, please explain.

Were conditions of work, salary, and other benefits, hours of work, etc. clearly explained to you when hired?

Did you receive adequate job instruction?

Do you feel your work was appreciated?

Did you feel you were a part of the City of Gunnison? If no, please comment.

What could have been done to prevent your leaving?

What suggestions do you have which will make the City of Gunnison a better place to work?

Other comments: