



## SEPARATION CHECKLIST/EXIT INTERVIEW

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

### FOR COMPLETION BY EMPLOYEE

<b>1. Name:</b>		<b>2. Department:</b>			
<b>3. Job Title:</b>		<b>4. Supervisor's Name:</b>			
<b>5. Date Hired:</b>		<b>6. Date Separated:</b>			
<b>7. Type of Termination:</b>		<b>8. Check Stated Reason for Separation:</b>			
Resignation <input style="margin-left: 10px;" type="checkbox"/>	<input style="margin-left: 10px;" type="checkbox"/>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <input type="checkbox"/> Reduction in Force/Laid Off  <input type="checkbox"/> Resignation Due to Medical Condition  <input type="checkbox"/> Unable/Unqualified to do the Work  <input type="checkbox"/> Perceived Unsatisfactory/Hazardous Working Conditions  <input type="checkbox"/> Substantial Change in Working Conditions  <input type="checkbox"/> Perceived Unreasonable Reduction in Pay  <input type="checkbox"/> Quit because of Dissatisfaction with Supervisor  <input type="checkbox"/> Quit for Personal Reasons/Other – please explain: </td> <td style="width: 50%; border: none;"> <input type="checkbox"/> Absenteeism/Tardiness  <input type="checkbox"/> Refusal to Work Overtime  <input type="checkbox"/> Involuntary Retirement  <input type="checkbox"/> Voluntary Retirement  <input type="checkbox"/> Lack of Transportation  <input type="checkbox"/> Rules/Policy Violation  <input type="checkbox"/> Quit to Move out of Area  <input type="checkbox"/> Quit to Seek or Accept Other Work </td> </tr> </table>		<input type="checkbox"/> Reduction in Force/Laid Off <input type="checkbox"/> Resignation Due to Medical Condition <input type="checkbox"/> Unable/Unqualified to do the Work <input type="checkbox"/> Perceived Unsatisfactory/Hazardous Working Conditions <input type="checkbox"/> Substantial Change in Working Conditions <input type="checkbox"/> Perceived Unreasonable Reduction in Pay <input type="checkbox"/> Quit because of Dissatisfaction with Supervisor <input type="checkbox"/> Quit for Personal Reasons/Other – please explain:	<input type="checkbox"/> Absenteeism/Tardiness <input type="checkbox"/> Refusal to Work Overtime <input type="checkbox"/> Involuntary Retirement <input type="checkbox"/> Voluntary Retirement <input type="checkbox"/> Lack of Transportation <input type="checkbox"/> Rules/Policy Violation <input type="checkbox"/> Quit to Move out of Area <input type="checkbox"/> Quit to Seek or Accept Other Work
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Retirement <input style="margin-left: 10px;" type="checkbox"/>	<input style="margin-left: 10px;" type="checkbox"/>	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>			
Discharge <input style="margin-left: 10px;" type="checkbox"/>	<input style="margin-left: 10px;" type="checkbox"/>				
Layoff <input style="margin-left: 10px;" type="checkbox"/>	<input style="margin-left: 10px;" type="checkbox"/>				
<b>9. Notification of Separation:</b>		<b>10. Payroll Information:</b>			
<input type="checkbox"/> Written Letter of Resignation to supervisor or department head stating reason decision was made to separate from current employment  <input type="checkbox"/> Copy of Letter of Resignation to Human Resources  Amount of Notice Received (working days): _____		Please issue final paycheck in the following manner:  <input type="checkbox"/> Prepare a paper check for pickup from my department  <input type="checkbox"/> Prepare direct deposit as usual because I have returned all City property  <input type="checkbox"/> Prepare a paper check and mail to forwarding address:			
<b>11. W-2 Mailing (if different than current address with HR)</b>		<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>			
<b>12. Acknowledgement:</b>					
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	
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:
<b>What are your principal reasons for leaving the organization?</b>		
<b>What did you <u>most</u> like about this organization?</b>		
<b>What did you <u>least</u> like about this organization?</b>		
<b>Was there anything that made it difficult or unpleasant to work for the City?</b>		
<b>How do you feel about your:</b>		
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:**