

EMPLOYMENT PRACTICES

DC
(EXHIBIT)

The following forms may be used by the District:

- Exhibit A: Exit Interview Form — 1 page
- Exhibit B: Employee Separation Questionnaire — 1 page
- Exhibit C: Authorization for Release of Employment Information — 1 page
- Exhibit D: Acknowledgement of Electronic Distribution of Policies — 1 page

EXHIBIT A

EXIT INTERVIEW FORM

Name _____ Dates employed _____

Position _____ Department/campus _____

Forwarding address _____

Phone _____

Check appropriate type of termination:

- | | |
|---|--|
| <input type="checkbox"/> Dismissal | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Nonrenewal | <input type="checkbox"/> Reduction in force |
| <input type="checkbox"/> Resignation | <input type="checkbox"/> Extended disability |
| <input type="checkbox"/> With notice | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Without notice | |

Check all reasons for leaving (to be completed for all voluntary resignations):

- | | | |
|---|---|--|
| <input type="checkbox"/> Moving from District | <input type="checkbox"/> Family circumstances | <input type="checkbox"/> Took a new position |
| <input type="checkbox"/> Returning to school | <input type="checkbox"/> Dissatisfied with type of work | |
| <input type="checkbox"/> Other | _____ | |

Comments: _____

Check-out procedures

Where applicable, review and discuss the following items:

- | | | |
|--|--|------------------------------------|
| <input type="checkbox"/> Health insurance | <input type="checkbox"/> District property | |
| <input type="checkbox"/> Group life insurance | <input type="checkbox"/> Keys | <input type="checkbox"/> Equipment |
| <input type="checkbox"/> Unemployment insurance | <input type="checkbox"/> Books | <input type="checkbox"/> Other |
| <input type="checkbox"/> Disability insurance | | |
| <input type="checkbox"/> Authorization for release of employment information | | |

Comments: _____

Interviewed by _____

Date _____

Issued Date: _____

EXHIBIT B

EMPLOYEE SEPARATION QUESTIONNAIRE

Please rate your experience with the District	Excellent	Good	Fair	Poor	Comments
Working relationship with your supervisor					
Cooperation within department					
Cooperation with other departments					
Adequacy of orientation and training					
Workload					
Physical working conditions					
Availability of materials and equipment					
Evaluation procedures					
Recognition on the job					
Employee benefits					
Communication within the District					
Central administration support					
Community support for District					
Overall experience					
Additional comments:					

What did you like about your experience as a District employee?

What did you dislike about your experience as a District employee?

Do you have any comments or suggestions to improve the District?

Would you recommend the District to others as a place to work?

Yes Yes, with reservations No

Why? _____

Employee signature

Date

EXHIBIT C

AUTHORIZATION FOR RELEASE OF EMPLOYMENT INFORMATION

I hereby authorize _____ Independent School District and its duly authorized representatives to release information concerning or relating to my employment with the District. This employment information, both oral and written, may include material contained in my personnel file and evaluative statements and judgments from my former supervisors. This employment information includes, but is not limited to, academic, salary, achievement, performance, attendance, personal history, disciplinary records, and employment information.

I hereby release any individual providing reference or employment information under this authorization including record custodians from any and all liability for damages of whatever kind or nature that may at any time result to me on account of compliance, or any attempts to comply, with this authorization.

Name of former employee

Signature

Date