



# Exit Interview Report

## Part 1: To Be Completed by the Employee

**Note to Employee:** Be sure to take a photocopy of this page with you, along with a recent employment form

### Employee Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Administrative Dept.: \_\_\_\_\_ Admin. Dept. Code: \_\_\_\_\_

Last Working Day—may vary from date pay terminates (mm/dd/yyyy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Reason for Termination

Please check applicable reason(s). If more than one, circle the most important among those checked.

- |                                      |            |            |                                      |
|--------------------------------------|------------|------------|--------------------------------------|
| To accept another position           | Relocation | Education  | Military service                     |
| Dissatisfied with working conditions | Health     | Retirement | Other reasons (please explain below) |

Employee's Comments (if you need more space, please attach a sheet of paper):

### Intentions as to Future Employment (For Unemployment Insurance Purposes)

Please outline below your intentions as to future employment (at Columbia or elsewhere).

If you need more space, please attach a sheet of paper.

### Forwarding Address (Needed for Final W-2, etc.)

Complete only if different from current address listed with Human Resources.

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_

### Signature

Signature: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

**Please Note:**

- Human Resources will send you information about the termination of your insurance benefits including instructions for converting your health insurance plan and group life insurance. If you do not receive this information soon, or if you need further information, please visit or phone the Benefits Office, 1901 Interchurch Center, 212-870-3074.
- Any tuition exemption or scholarship benefits that you may be using for yourself or family will cease effective with your last working day. If you need further information, please visit or phone Tuition Exemption in the Benefits Office, 1901 Interchurch Center, 212-870-3074.
- All outside inquiries for routine information regarding active and terminated employees must be referred to Employment Verification, 1901 Interchurch Center, 212-870-3425 for reply. In line with University Policy, Human Resources will verify dates of employment, position, title, and department only. No additional information is volunteered unless authorized by the employee.



# Exit Interview Report

## Part 2: To Be Completed by the Supervisor

### Type of Termination

Please check the appropriate box.

- |  |  |                                    |  |
|--|--|------------------------------------|--|
| <input type="checkbox"/> Voluntary resignation | <input type="checkbox"/> Appointment ended | <input type="checkbox"/> Layoff    | <input type="checkbox"/> Other reasons <i>(please explain below)</i> |
| <input type="checkbox"/> Retirement            | <input type="checkbox"/> Release           | <input type="checkbox"/> Discharge |  |

Comments *(if you need more space, please attach a sheet of paper)*:

### Supervisor's Comments

Comments *(if you need more space, please attach a sheet of paper)*:

### Re-employment

Would you re-employ?    Yes    No

Comments *(if you need more space, please attach a sheet of paper)*:

### University Property and Authorization

Has employee turned in all University property he/she may have been entrusted with, and have all computer and phone accounts and other authorizations been inactivated?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> University ID card | <input type="checkbox"/> Key/swipe card    | <input type="checkbox"/> Other university property |
| <input type="checkbox"/> E-mail             | <input type="checkbox"/> Computer accounts | <input type="checkbox"/> Signature authority       |
| <input type="checkbox"/> Pharmacy card      | <input type="checkbox"/> Phone mail        |  |

### Record of Employment

Please give the terminating employee the Record of Employment (for unemployment purposes only). Advise employee to take this form to the nearest unemployment insurance office if applying for benefits. It will expedite claims processing.

### Supervisor's Signature

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date *(mm/dd/yyyy)*: \_\_\_\_\_

**Important:** This completed form should be forwarded to the office responsible for processing the termination personnel action form (PAF). If the employee has listed a forwarding address, include an address change on the termination PAF. The form and the PAF should then be forwarded to *HRIS, 1901 Interchurch Center, Mail Code 7705*.