



## SEPARATION NOTICE

Employee: \_\_\_\_\_ Date Termination Was Processed: \_\_\_\_\_

Department: \_\_\_\_\_ Last Day Actually Worked: \_\_\_\_\_

### REASON

#### SEASONAL LAYOFF

Date Employee was Notified:

\_\_\_\_\_

Employee's Performance was:

- ☐ Exceptional  
☐ Met Standards  
☐ Had some concerns that were discussed with employee  
☐ Deficient and despite coaching, did not show needed improvement

Anticipated Recall Date, if Known:

\_\_\_\_\_

#### VOLUNTARY - (Attach letter of resignation)

Date Supervisor was Notified:

\_\_\_\_\_

☐ Quit - Reason:

\_\_\_\_\_

\_\_\_\_\_

☐ Retired

#### INVOLUNTARY - (Attach documentation)

Reason for Involuntary Separation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### SUPERVISOR CLEARANCE

(Supervisor put a check next to each item indicating it has been returned to the City OR mark N/A)

- ☐ City Owned Cellular Telephone and/or Radio  
☐ Computer (Laptop, I-pad, etc.)  
☐ Notification Sent to IT Department  
☐ Tooele City ID Card  
☐ Gas Card Accounted For  
☐ Notification Sent to City Recorder to Cancel Gas Pin #  
☐ City Charge/Credit Cards Accounted for

- ☐ Keys (office, vehicle, locker)  
☐ Clothing Not Issued for Personal Use  
☐ Tools  
☐ Computer Passwords (Generally IT can access systems)  
☐ All department databases, web-based programs, etc.  
☐ Procedure Books and Instruction Manuals (Return Personnel Policy Manual to HR office)

Other: \_\_\_\_\_

### PAYROLL AND HUMAN RESOURCE DEPARTMENT

- ☐ Compensatory Hours Paid Out  
☐ Annual Leave Hours Paid Out  
  
☐ URS Notified of Change in Status  
☐ URS Benefit Notification Given/Sent to Employee  
☐ COBRA Notification  
☐ Life Insurance Portability/Conversion Option

- ☐ Time Clock Plus Access Changed  
☐ PEP Access Changed  
☐ IT  
☐ AlertSense  
☐ Remove from Tooele City's Driver Insurance  
☐ Remove from Traliant  
☐ Tyler  
☐ Forwarding Address for W-2 Purposes:

\_\_\_\_\_

### SIGNATURES

Department Head:	Date:	Payroll:	Date:
Supervisor:	Date:	Human Resource Director:	Date:
Employee (If Available):	Date:		

Recommended for rehire: Yes ☐ No ☐ If no, explain why. \_\_\_\_\_

Eligible for rehire: Yes ☐ No ☐ If no, explain why. \_\_\_\_\_

*An employee who resigns and desires to leave the City in good standing is expected to give a minimum of two weeks' notice.*



## EXIT INTERVIEW / QUESTIONNAIRE

Employee Name		Date	
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**This exit questionnaire can be given to an employee to complete or it can be completed by the supervisor from verbal interactions by summarizing the employee's opinion, both positive and negative, or any factors in the topic areas listed.**

1. What initially made you decide to apply for employment with Tooele City?
2. What aspects of your initial orientation were most and least beneficial for you?
3. How did you feel about your job or jobs?
4. How did you feel about your supervisor? What suggestions for improvement would you give him/her?
5. How did you feel about your co-workers?
6. How would you rank employee morale?  
When you started:  
☐ High   ☐ Somewhat Positive   ☐ Neutral or Equivalent to Places of Other Employment   ☐ Appeared to be continually low  
During the last period of your employment:  
☐ High   ☐ Somewhat Positive   ☐ Neutral or Equivalent to Places of Other Employment   ☐ Appeared to be continually low
7. How was communication in your specific work area?
8. Was your supervisor an effective communicator? How could he/she improve?
9. Overall how did you feel about communication within the organization? What were some of the barriers and areas for improvement?
10. Did you feel that the policies and procedures of the organization were fair? Why or why not?
11. Did you feel that you were adequately informed of the organization's policies and procedures and any changes as they came up?
12. How were the overall working conditions & working atmosphere?

13. If you received benefits, how did you feel about them?

14. Please tell me what top five benefits were most important to you and your family, if applicable.

15. What made you decide to stay with Tooele City during your employment?

16. What made you decide to leave our organization?

17. What could have been done to help you decide to remain employed with Tooele City?

18. Are personal problems causing this separation? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, option to explain:

19. Do you recommend Tooele City as a place to work? \_\_\_\_\_ Yes \_\_\_\_\_ No

20. Other Comments:

### INTERVIEWER'S CONCLUSION

What were the reasons for leaving?

What action(s) would have retained this person as an employee?

Additional Comments:

### SIGNATURES

Employee Signature <i>(If Available)</i>	Date	Interviewer Signature	Date
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