



**WALLACE COMMUNITY COLLEGE SELMA**

**EMPLOYEE EXIT INTERVIEW FORM**

Employee Name: \_\_\_\_\_

Date: \_\_\_\_\_

Position Held: \_\_\_\_\_

1. Why are you leaving WCCS employment? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Were most of your days here satisfying and productive? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. What did you enjoy the most? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. What did you enjoy the least? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. What are the strengths of WCCS? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. What are the weaknesses? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

7. How would you change things? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

8. Other comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Current Address: \_\_\_\_\_ Forwarding Address: \_\_\_\_\_

Phone# ( ) \_\_\_\_\_ - \_\_\_\_\_

Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_

❖ Acquire signature from each area indicated below with the exception of the President's

Library/ \_\_\_\_\_ Library Materials  
AV Dept. \_\_\_\_\_ AV Equipment and Films Returned

\_\_\_\_\_  
Signature Date

IT Department \_\_\_\_\_ Computers  
\_\_\_\_\_ Telephones  
\_\_\_\_\_ Email

\_\_\_\_\_  
Signature Date

Supervisor:

Faculty

\_\_\_\_\_ Office/Classroom Equipment Returned  
\_\_\_\_\_ Course Outlines Exams  
\_\_\_\_\_ Grades Submitted  
\_\_\_\_\_ Text Books Returned  
\_\_\_\_\_ Incompletes Satisfied

\_\_\_\_\_  
Signature Date

\_\_\_\_\_ Leave Slips In  
\_\_\_\_\_ Time Sheets In

\_\_\_\_\_  
Signature Date

Support Staff

\_\_\_\_\_ Office Equipment Returned  
\_\_\_\_\_ Leave Slips In  
\_\_\_\_\_ Time Sheets In

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

Administrators

\_\_\_\_\_ Office Equipment Returned

\_\_\_\_\_  
Signature Date

Security:

\_\_\_\_\_ Office, Desk, & File  
Keys Returned

\_\_\_\_\_  
Signature Date

Business Office

\_\_\_\_\_ Work Order Paid  
\_\_\_\_\_ Library Fines Paid

\_\_\_\_\_  
Signature Date

ALL EMPLOYEES

After your exit, you are responsible for contacting TRS or PEEHIP to make future changes in your coverage.

FINAL PAYROLL CHECK

\_\_\_ Yes Direct Deposited?

\_\_\_\_\_  
Signature Date

Return this completed document to Human Resources on your last day of employment.

President's Signature: \_\_\_\_\_ Date: \_\_\_\_\_