

FORT BEND COUNTY EXIT INTERVIEW

FORM 4B

This form is to be completed by the supervisor and employee, if available, on or before the employee's last day of employment with the County.

Department Name _____ Dept. # _____

Employee Name _____ Emp. ID _____

Position Title _____ Last Day Worked _____

Reason for Separation Resigned Terminated Retired End of Assignment
 Other _____

Supervisor Name _____

Supervisor's Comments

This employee's work performance:

Exceeded all job requirements Met all job requirements Failed to meet job requirements

Comments

Would you rehire this employee? Yes No

Was attendance satisfactory? Yes No

What were employee's strong points? _____

What areas need improvement? _____

Other Comments

Supervisor Signature _____ Date _____

Employee Signature _____ Date _____

Employee, please complete page 2 of this form.

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FORM 4B, cont.

Employee Name _____ Emp. ID _____

Employee's Comments

Do you have a new job? Yes No

If yes, what is your reason for accepting a new position?

Better Pay

Better Benefits

Opportunity for Advancement

Other _____

Were you dissatisfied with any of the following? (check any that apply)

Supervision

Salary

Benefits

Co-Workers

Job Duties

Opportunity for Advancement

Working Conditions/Equipment

Other _____

Would you like to work for Fort Bend County in the future? Yes No

What did you like best about working for the County? _____

What improvements are needed? _____

Other Comments or Suggestions

Supervisor Signature _____

Date _____

Employee Signature _____

Date _____

Supervisor, please complete page 1 of this form.