

Louisiana Housing Corporation

Exit Interview Form

To be completed by the employee: (with a copy of a written resignation notice attached)

Employee Name:	Social Security Number:
Office/Division:	Job Title:
Employee ID:	Work E-Mail Address:
Resignation Date:	Last Day Worked:

The resignation date is the official last day of employment and is effective "close of business;" e.g., May 1 at 4:30p.m.

Please indicate your primary reason for leaving this job:

- ☐ Transfer or new job with another State Agency, Agency _____
- ☐ Accepted a job in private industry _____
- ☐ Accepted a promotion _____
- ☐ To stay at home _____
- ☐ To return to school _____
- ☐ Unsatisfactory pay or benefits _____
- ☐ Moving to a new area _____
- ☐ Problem(s) with supervisor _____
- ☐ Retirement _____
- ☐ End of temporary appointment _____
- ☐ End of unclassified appointment _____
- ☐ Other personal reason _____

Employee's Signature

Date Completed

To be completed by the supervisor:

Did employee give adequate notice of his/her intent to resign? Yes ☐ No ☐

At the time of separation, how would you best describe this employee's performance?

Poor ☐ Needs Improvement ☐ Satisfactory ☐ Very Good ☐ Excellent ☐

Would you recommend this employee for re-employment in this department? Yes ☐ No ☐

Why, or why not? _____

Supervisor's Signature

Date Completed

Appointing Authority Signature

Date Reviewed and Accepted

Human Resources Director's Signature

Date Received and Accepted

SUPERVISOR: COMPLETE AND DELIVER THIS FORM TO HUMAN RESOURCES WITH A COPY OF THE EMPLOYEE'S WRITTEN RESIGNATION NOTICE ATTACHED.