



**COUNTY OF IMPERIAL
EXIT INTERVIEW QUESTIONNAIRE**

PLEASE TAKE A FEW MINUTES TO RESPOND TO THE QUESTIONS BELOW.

Name: _____ Department: _____

Address: _____ Phone: _____

1. Did you receive sufficient training when you started your new job? YES NO
2. Did you know how and/or where to obtain the information needed to succeed in your job? YES NO
3. Would you describe your working relationship with your supervisor and co-workers as professional?
 YES NO
4. If you could make a change in your division or "the County", what would you change?

5. Reason (s) for leaving County employment: _____

6. Would you recommend the County to others as a potential employer? YES NO

Employee Signature: _____ Date: _____

Benefits: Please review and initial each section

Health Insurance-I understand that if I currently have health insurance benefits (medical/dental/vision) through the County, they will end on the last day of the current month. _____

COBRA-I understand that I may be entitled to the continuance of Health Insurance (COBRA) through the County of Imperial on a self-pay basis. _____

Life Insurance-I understand that my and my spouse's life insurance is portable and I have 30 days to complete the necessary forms to maintain such coverage. _____

Deferred Compensation-If I am a current participant in this program, I will contact the Human Resources Department if I wish to withdraw my monies from this program. _____

I will contact Human Resources if interested in pursuing any of the benefits listed above. _____

Departmental Use Only: Please detach bottom portion and maintain a copy for your files. Provide copy of bottom section only to Purchasing and ITS Departments.

PROPERTY RECLAIM CHECKLIST			
Employee Name: _____		Department: _____	
ID Badges	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	Uniform(s)	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Keys	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	Lap top	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Cellular Phone	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	Cal-Card	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Other (specify)	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	Other (specify)	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>

Form completed by: _____ Title: _____
Please submit the completed top portion to the Human Resources and Risk Management Department along with a PS-2 Form.