



Government of the District of Columbia
DC Department of Human Resources

EXIT INTERVIEW FORM

Section I

A. Employee Information

Name:

Agency/Office:

Position Title:

Date of Hire:

Separation Date:

Pay Plan/Grade/Step:

Salary:

B. Type of Separation

Please check all that apply.

- Resignation: *Unable to meet Residency Preference/Residency/Domicile requirement(s)*
- Resignation: *All others*
- Retirement
- Involuntary Separation: *Reduction-in-Force (RIF)*
- Removal: *For cause*
- Termination: *Failure to meet Residency Preference/Residency/Domicile requirement(s)*
- Termination: *All others*
- Transfer

Reason for separation:

In case of Reduction-in-Force (RIF), please complete the following:

Were you offered another position in the agency prior to separation date?

Yes No

Did you attend a RIF Seminar prior to separation date?

Yes No



C. Questionnaire

Did you attend an orientation through DCHR or your agency when you entered on duty? Yes No

Did you receive adequate on-the-job training? Yes No

Were formal or informal training courses available? Yes No

If YES, were they adequate? Yes No

If NO, please describe why:

What did you like best about working with your agency?

What did you like least about working with your agency?

Could the agency have taken steps to retain you as an employee?

What suggestions do you have to improve working conditions and the employee morale at your agency?

Were your duties clearly defined by your supervisor? Yes No

If NO, please explain:

Forward final check to the following address (if different than your address in PeopleSoft):

Additional Comments/Remarks:

D. Financial Disclosure

Required Notification to Employees:

Pursuant to D.C. Official Code § 1-1106.02, if you are leaving a position for which you were required to file an annual *Financial Disclosure Statement*, you must file a **final** Financial Disclosure Statement with the Office of Campaign Finance (OCF) within 90 days of separation, but no later than the filing deadline of May 15 each year.

For additional information, please contact OCF at (202) 671-0547.

Employee Signature/Date



Section II

To be completed by DCHR representatives only.

Employee has been advised regarding his/her final salary paycheck, severance or separation paycheck (if applicable), and/or terminal annual leave/universal leave paycheck.

Yes No

Employee has been advised regarding unemployment compensation benefits.

Yes No

Employee has been advised of his/her health and life insurance conversion options.

**Provide copy of Temporary Continuation of Coverage (TCC) Notification for Separating Employees and appropriate life insurance conversion option form.*

Yes No

Employee has been advised of his/her retirement benefits options – District Defined Contribution Plan or Civil Service Retirement System (CSRS).

Yes No

Employee elects* to:

District Defined Contribution Plan: Withdraw Declined to withdraw

Civil Service Retirement System: Withdraw Declined to withdraw

**Employee should be referred to the DCHR Benefits and Retirement Administration or Contract Plan Administrator.*

Employee has been advised regarding his/her deferred compensation account options, as applicable.

Yes No

Exit interview conducted by:

Name:

Position Title:

Representative Signature/Date