

CONROE INDEPENDENT SCHOOL DISTRICT
Auxiliary Employee Exit Interview

Name _____
Last First Middle Initial EIN

Department Position

Location Last Day Worked Date Terminated

Resignation Retirement Termination

If the employee resigned, how much prior notice was given? _____

Reason for Resignation: _____

Your final paycheck will be mailed to the address below:

Name Number and Street

City State Zip

Supervisor/Administrator Comments: _____

If the employee was terminated for misconduct, had the employee been previously warned?

Yes No If yes, attach written documentation.

Employee has returned all District equipment and property and is eligible to receive final pay check?

Yes No If no, attach an explanation.

I understand that my final check will be mailed to the address listed on this form. I further understand that my final check will be paid in accordance with District procedures after receipt of this form in the Payroll Department.

Signature of Employee

Date

Signature of Supervisor/Administrator

Date