Tri-County Community Council
HEAD START

EXIT INTERVIEW

NAME: _____ JOB TITLE: _____

LOCATION: _____ EMPLOYMENT DATE: _____

EMPLOYMENT TIME: _____YEARS _____MONTHS / LAST DAY: _____

I AM RESIGNING MY POSITION BECAUSE: _____

_____

_____

I WOULD HAVE STAYED IN MY POSITION IF: _____

_____

_____

_____

I NOTIFIED _____ OF THIS ON _____

MY IDEAS FOR IMPROVING THE PROGRAM: _____

_____

_____

_____

_____ _____ _____ _____

Employee Signature Date Supervisor's Signature Date

_____ _____ _____ _____

Director's Signature Date HRM Signature Date