



# State of Utah

## Department of Human Service Office of Technology

### Employee Job Termination Exit Interview

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*Please explain the following to the employee and clearly mark all items indicated; if not applicable, write NA in the space provided.*

Employee: \_\_\_\_\_

**Retirement Options:** Complete Employee Benefits Notification Form for Retirement 9

**Insurance Options:** Complete Employee Benefits Notification Form for Insurance 9

**Voice Mail:** Change their phone to front desk (Voice Mailer \*2) 9

Explained

**Agency/Office Concerns:**

Unemployment Compensation 9

Flexible Reimbursement Program 9

**Material to Return:**

	<u>Returned</u>	<u>Follow Through</u>	<u>N/A</u>
Group Insurance Prescription Card(s)	9	9	9
State Credit Card ( Master Card )	9	9	9
Security Access Card	9	9	9
State Owned Uniform	9	9	9
State Owned Vehicle Keys	9	9	9
State owned Manuals, Books, Documents	9	9	9
State Owned Weapons	9	9	9
State Owned Keys ( Office, Other)	9	9	9

State Owned Tools/ Computer Equipment/etc. Pagers/Cell Phones	9	9	9
Money Owed the State	9	9	9
Other: Please Specify _____			

**Terminating Services:**

Reassign Novell Pin Number	9	9	9
Contact ITS have ISDN or additional phone lines disconnected	9	9	9
LAN Access ID (Disable ) and start removal process	9	9	9
Mainframe Access Removed (Canceled )	9	9	9
Other: Please Specify : _____			

Please verify home address for possible future correspondence.

Home Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

As I terminate my employment with the State of Utah. I certify that I have received and understand the above explanations and materials concerning my insurance and retirement options. And, hereby certify that I have returned or am now returning **all** items in my possession that are the property of the State of Utah. I understand the possibility of my last paycheck being held awaiting completion and/or the results of this interview and form.

**Employee:**

_____	_____
Employee's Name	Title
_____	_____
Signature	Date

**Interviewer:**

_____	_____
Interviewer's Name	Agency/Dept.
_____	_____
Signature	Date

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REASON FOR LEAVING STATE EMPLOYMENT (OPTIONAL): You may check more than one choice

- |  |   |
|--|---|
| <input type="checkbox"/> Abandonment of Position | <input type="checkbox"/> Other Reasons      |
| <input type="checkbox"/> Deceased                | <input type="checkbox"/> Other Employment   |
| <input type="checkbox"/> Dismissal               | <input type="checkbox"/> Relocation         |
| <input type="checkbox"/> Education               | <input type="checkbox"/> Retirement         |
| <input type="checkbox"/> End At-Will Employment  | <input type="checkbox"/> Reduction in Force |
| <input type="checkbox"/> Military Service        |   |
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