

TERMINATION EXIT INTERVIEW/REFERENCE AUTHORIZATION FORM
(attach to A90.100)

Name _____ AASIS # _____ Social Security # xxx-xx- _____

Race * _____ Sex * _____ (*Internal Form - for Affirmative Action use)

AFC Unit in which person last worked _____

Immediate supervisor at time of termination _____

	Date	Class Title	Class Code	Grade	AFC Position #
Hired:	_____	_____	_____	_____	_____
Terminated:	_____	_____	_____	_____	_____

Reason for Termination (check all applicable):

- | | |
|--|---|
| <input type="checkbox"/> 1. Physical working conditions | <input type="checkbox"/> 17. Military |
| <input type="checkbox"/> 2. Co-worker(s) attitudes(s) | <input type="checkbox"/> 18. Failure to report after hire |
| <input type="checkbox"/> 3. Management Policies | <input type="checkbox"/> 19. Quit without notice |
| <input type="checkbox"/> 4. Immediate supervisor's policies | <input type="checkbox"/> 20. Self-employment |
| <input type="checkbox"/> 5. Limited advancement | <input type="checkbox"/> 21. Maternity |
| <input type="checkbox"/> 6. Insufficient pay or benefits | <input type="checkbox"/> 22. Illness - self |
| <input type="checkbox"/> 7. Inadequate training to perform job | <input type="checkbox"/> 23. Illness - in family |
| <input type="checkbox"/> 8. Not enough work | <input type="checkbox"/> 24. Death |
| <input type="checkbox"/> 9. Too much work | <input type="checkbox"/> 25. Retirement |
| <input type="checkbox"/> 10. Nature of Job | <input type="checkbox"/> 26. Involuntary termination ** |
| <input type="checkbox"/> 11. Inadequate equipment to perform job | <input type="checkbox"/> 27. Layoff/RIF |
| <input type="checkbox"/> 12. Training or education not used | <input type="checkbox"/> 28. Did not complete probationary period |
| <input type="checkbox"/> 13. Education or training | <input type="checkbox"/> 29. End of project to which assigned |
| <input type="checkbox"/> 14. Opportunity for advancement | <input type="checkbox"/> 30. Leaving workforce |
| <input type="checkbox"/> 15. Moving from city or state | <input type="checkbox"/> 31. No reason given |
| <input type="checkbox"/> 16. Marriage | <input type="checkbox"/> 32. Transfer to non-participating state agency |

For completion by supervisor:

Additional reasons not listed above (explain) _____

Job performance: Poor Good Excellent Attendance: Poor Good Excellent

Would you rehire this employee? _____

Comments : _____

Signature _____

Complete if employee is accepting other employment (to be used for salary analysis):

Name of Employer: _____

How does new salary compare? _____

Interviewed by: _____ Date _____

Title _____

For completion by employee:

I hereby authorize the AFC Personnel Department to release information that is not considered public information to job reference inquirers. Yes No

Employee's Signature _____

Date _____

**Involuntary or adverse terminations must be explained and supporting documentation attached.