

County of Gloucester
Human Resources Manual

CHAPTER: SECTION:	3 - CHANGES IN EMPLOYMENT & SEPARATION FROM SERVICE	ADOPTED: 11/21/06
	9 – SEPARATION FROM SERVICE	REVISED: 2/4/15

EXHIBIT L – EXIT INTERVIEW

Employee Name	
Termination Date	Position
Department	Department Head

Reason
(Check One) Resignation Dismissal Retirement Other

Confidentiality

Summary of Leave Time:
(Department to complete: Accrued Time in final pay//Unearned Time to be paid back)

Details: _____

Pension status:
(HR to complete)

Health Benefits covered under COBRA:
(HR to complete)

Workers' Compensation Clearance Document
(HR/Safety to complete)

Forwarding Address:

Final Check Stub/Card: E-Mail Mail Pick-up

Date:

Place:

Interviewer:

Workers' Compensation Clearance

Employee Name:

Date:

By signing below, I acknowledge that I have reported to Gloucester County, in accordance with Human Resources Policy HR 8.2, all work-related accidents, injuries and illnesses experience while employed at the County of Gloucester.

During my employment, I have informed the County of the following accidents, injuries and illnesses:

To the best of my knowledge at this time, I have no work-related injuries or illnesses for which I seek Workers' Compensation other than those I already have reported and/or for which I already have sought payment.

Employee Signature: _____

Date:

Authorized Signature: _____

Date: