

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"/> 13. Retirement |
| <input type="checkbox"/> 2. Management Policies | <input type="checkbox"/> 14. Involuntary termination ** |
| <input type="checkbox"/> 3. Limited advancement | <input type="checkbox"/> 15. Layoff/RIF |
| <input type="checkbox"/> 4. Insufficient pay or benefits | <input type="checkbox"/> 16. Did not complete probationary period |
| <input type="checkbox"/> 5. Education or training | <input type="checkbox"/> 17. No reason given |
| <input type="checkbox"/> 6. Opportunity for advancement | <input type="checkbox"/> 18. Transfer to non-participating state agency |
| <input type="checkbox"/> 7. Moving from city or state | <input type="checkbox"/> 19. Voluntary |
| <input type="checkbox"/> 8. Military | <input type="checkbox"/> 20. Seasonal/Temporary |
| <input type="checkbox"/> 9. Failure to report after hire | <input type="checkbox"/> 21. Unsatisfactory Job Performance |
| <input type="checkbox"/> 10. Illness - self | <input type="checkbox"/> 22. Non-Reappointment |
| <input type="checkbox"/> 11. Illness - in family | <input type="checkbox"/> 23. Gross Misconduct |
| <input type="checkbox"/> 12. Death | <input type="checkbox"/> 24. Reorganization |

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 Human Resources 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.