

# StaffScapes, Inc.



1070 W 124th Ave., Ste 900 Westminster, CO 80234

Phone: 303-466-7864; Fax: 303-466-7947

## Exit Interview Form

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

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

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

\_\_\_\_\_

Last Day Worked: \_\_\_\_\_

Type of Separation:      Layoff \_\_\_\_      Quit \_\_\_\_      Discharge \_\_\_\_

                                 Personal Leave \_\_\_\_      Medical Leave \_\_\_\_

Note:    If the employee was discharged, please indicate below whom personally discharged the employee.

\_\_\_\_\_

Name & Title

Please document below, detailed separation information and attach any pertinent documentation (i.e., verbal, written warnings, or a resignation letter). **If the employee will be laid off for 10 weeks or less, please indicate the return to work date below.** If additional space is needed, please attach additional remarks on a separate sheet.

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\*Please be sure to include all relevant dates, times, and witnesses to any and all of the above. \*

\_\_\_\_\_

Form filled out by: (Signature) & (Title)

\_\_\_\_\_

Date

\_\_\_\_\_

Phone

**Employee Comments:**

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\_\_\_\_\_

Employee Signature

\_\_\_\_\_

Date

Check here if employee refuses to sign \_\_\_\_\_ Signature