

PLEASE NOTE: FOR TERMINATIONS, EMPLOYEE'S RESIGNATION LETTER AND TERMINATION CHECKLIST MUST ACCOMPANY THIS FORM. Forms can be sent to Employee Relations at USB 203, 1601 N. Broad Street; or fax to (215) 204-5667. Questions: (215) 204-5554

Termination Form

Employee's Name (Last Name, First Name MI):			TUId:	Status Date (last paid day):
Department Name:	Stewardship:	ORG ID	AVAILABLE ACTIONS: <input type="checkbox"/> 05-SEPARATION/TERMINATION <input type="checkbox"/> 10-TRANSFERRING	SEPARATION REASON CODE *See Reason Codes Below*

If this is a resignation; please check all that apply as the reason for the resignation

<input type="checkbox"/> Career Development	<input type="checkbox"/> Military Service	<input type="checkbox"/> Marriage, Divorce, Death in family
<input type="checkbox"/> Working Conditions	<input type="checkbox"/> Commute	<input type="checkbox"/> Return to School
<input type="checkbox"/> Difficult Co-Workers	<input type="checkbox"/> Compensation	<input type="checkbox"/> Retirement
<input type="checkbox"/> Personal Health	<input type="checkbox"/> Supervision	<input type="checkbox"/> Job Security
<input type="checkbox"/> Relocation	<input type="checkbox"/> Maternity	<input type="checkbox"/> Job Eliminated
<input type="checkbox"/> Other (please explain) _____		

Is this employee transferring to another department? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, what department is this employee transferring to? _____
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REHIRE ELIGIBILITY Is Re-Employment Recommended <input type="checkbox"/> YES <input type="checkbox"/> NO	BANKED VACATION _____ DAYS <input type="checkbox"/> Hours <input type="checkbox"/> (if applicable)
	ACCRUED VACATION _____ DAYS <input type="checkbox"/> Hours <input type="checkbox"/>
	UNUSED VACATION _____ DAYS <input type="checkbox"/> Hours <input type="checkbox"/>

A P P R O V A L S	AUTHORIZING SIGNATURE	DATE	NOTES:
	PRINTED NAME	TELEPHONE #	
	AUTHORIZING SIGNATURE	DATE	
	PRINTED NAME	TELEPHONE #	

***SEPARATION REASON CODES**

01 – Involuntary/Discipline	07 – No Show	13 – Dissatisfied w/Working Condition
02 – Voluntary Resignation	08 – Transferring Within University	14 – Leave of Absence Expiration
03 – Program Termination	09 – Marriage or Domestic Obligation	15 – Ineligible for Leave of Absence
04 – Death	10 – Dissatisfied w/Pay	16 – Failed Probation
05 – Lay Off	11 – Relocation	17 – Contract Not Renewed
06 – Retired	12 – Return to School	18 – Visa Expiration

DO NOT WRITE IN SHADED AREAS BELOW THIS LINE – FOR HR USE ONLY

<input type="checkbox"/> Faculty <input type="checkbox"/> Student <input type="checkbox"/> Non-Faculty <input type="checkbox"/> Post-Doc	Pay Cycle: <input type="checkbox"/> W1 <input type="checkbox"/> W2 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> M1	Bargaining Unit: _____
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HR Approval:	Date:
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TEMPLE UNIVERSITY TERMINATION CHECK LIST

Please complete checklist with employee and provide clarification where appropriate. Send completed **Termination Checklist**, along with the Termination Form, and employee's resignation letter (if applicable), to Human Resources, Labor/Employee Relations, Rm. 203 USB.

Reasons for Resignation (Check all that apply)

If this is a resignation; please check all that apply as the reason for the resignation

- | | | |
|---|---|---|
| <input type="checkbox"/> Career Development | <input type="checkbox"/> Military Service | <input type="checkbox"/> Marriage, Divorce, Death in family |
| <input type="checkbox"/> Working Conditions | <input type="checkbox"/> Commute | <input type="checkbox"/> Return to School |
| <input type="checkbox"/> Difficult Co-Workers | <input type="checkbox"/> Compensation | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Personal Health | <input type="checkbox"/> Supervision | <input type="checkbox"/> Job Security |
| <input type="checkbox"/> Relocation | <input type="checkbox"/> Maternity | <input type="checkbox"/> Job Eliminated |
| <input type="checkbox"/> Other (please explain) _____ | | |
| _____ | | |
| _____ | | |

- Verify address for mailing of W-2 form. If address differs from what is on file, have employee contact Human Resources at 1-7174, to complete new personal data form; or go online and make changes at the employee self service site: <http://ess.temple.edu>.
- Purchasing Card and Petty Cash (if applicable) is returned.
- Computer SECURID and any other computer system access card are returned.
- All Temple equipment and property (keys, wireless phones laptop/personal computers) is returned.
- Complete procedures for final paycheck (including unused/accrued vacation and/or severance if applicable)
- Notification made to Payroll Office regarding any payroll deductions or dockings
- Staff identification card is returned.
- Parking identification materials are returned.
- Contact Telephone Services to discontinue voice mail.
- Direct employee to Exit Interview Form found at the following online address:
<http://webserv.adminsvc.temple.edu/EmployeeForms/Forms/HumanResources/ExitInterview093004.doc>. (*Exit Interview Form is to be filled out by employee only.*) Employee can also schedule an exit interview by calling Employee Relations at 1-5554.
- Explanation of employment references (Have employee contact Human Resources).

Supervisor's Signature: _____

Date: _____

I acknowledge that all personal data has been removed from my computer and that my supervisor may have access to the hard drive and my email for business purposes.

Employee's Signature: _____

Date: _____

Employee's Name (Print): _____



EXIT INTERVIEW QUESTIONNAIRE

Labor and Employee Relations

Introduction

Please help us make Temple University a better place to work by completing the following questionnaire. Your honest and open responses are important to us. Once completed, the information from the questionnaire will be confidentially reviewed in Human Resources and will not be entered into your personnel file. The data obtained will be used to identify trends, recognize areas exceeding expectations and provide feedback to improve the work culture. It will serve to enable us in developing policies and practices that reflect the needs of our employees. Your signature on the form is optional. Your responses will not affect future references or prospects for reemployment. Please contact Labor/Employee Relations at (215) 204-5554, if you would like to schedule an optional personal exit interview.

Completing This Form

Please complete this form by printing using blue or black ink. For each section, please check the box that most clearly represents your position. Once completed, please send or fax this questionnaire to Employee Relations at University Services Building Rm 203; 1601 N. Broad St. Phila. PA 19122. **Fax:** (215) 204 – 5667.

Name: _____ Date of Birth: ___/___/___ (Month, Day, Year)

Telephone: () _____ - _____ Gender: Male Female

Race: Check one): African American Asian Caucasian Hispanic Other

Department: _____ Position /Title: _____

Job Level: _____ Name of Manager/Supervisor: _____

Full Time: Part Time

Today's Date: ___/___/___ Last Date of Employment: ___/___/___

Date of Hire: ___/___/___ Total Length of Service: _____

I. REASON FOR LEAVING TEMPLE (Please check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Career Development | <input type="checkbox"/> Military Service | <input type="checkbox"/> Marriage, divorce, death in family |
| <input type="checkbox"/> Working conditions | <input type="checkbox"/> Location (traveling distance) | <input type="checkbox"/> Return to school |
| <input type="checkbox"/> Difficult co-workers | <input type="checkbox"/> Compensation | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Personal Health | <input type="checkbox"/> Supervision | <input type="checkbox"/> Job Security |
| <input type="checkbox"/> Relocation | <input type="checkbox"/> Maternity | <input type="checkbox"/> Job eliminated |
| <input type="checkbox"/> Other (please explain below) | | |

Please explain:

II. WORK AND WORK ENVIRONMENT (Please rate the following factors.)

	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>
<i>In my current work environment:</i>					
I found my work challenging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I made a difference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had a fair workload	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had the tools needed to do good work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Different opinions were valued	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My work group worked as a team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My department worked as a team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

III. LEARNING AND DEVELOPMENT (Please rate the following factors.)

<i>Opportunities for learning and development:</i>	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>
Were adequate within my department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided me with the potential for career growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributed to opportunities for advancement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

IV. SUPERVISION (How would you rate your supervisor on the following?)

	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>
<i>My supervisor consistently:</i>					
Followed policies and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treated me fairly and consistently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided me with recognition and praise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developed cooperation among staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilitated my career and development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encouraged my suggestions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resolved my complaints and issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listened to my ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognized my contributions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I witnessed or saw evidence of non-compliance to rules, regulations, laws policies and procedures in the workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				(Please explain below)	(Please explain below)
I was provided with adequate compliance guidance to properly do my job in regard to following rules, regulations, laws, policies, and procedures, etc? (i.e. training, orientation, in-service, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(Please explain below)	(Please explain below)			

Explanation:

Explanation:

V. REWARDS (Please rate the following components of your compensation.)

	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>
My base salary was adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My annual increases were sufficient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The benefits package met my needs (medical, dental, retirement, education, and vacation/PTO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Premium pay is adequate (shift, weekend option, call back, stand by)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My contributions were rewarded fairly within the confines of the University's parameters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The reward system met my needs (pay, recognition, promotions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

VI. SUMMARY (Please complete the following)

What did you like most about working at Temple?

What work related issues, areas, policies or benefits would you like to see improved?

Would you consider re-employment at Temple? Why or why not?

Would you recommend Temple employment to others?

What changes would be required to attract you back to Temple?

Would you like a follow-up call? Yes No

Employee Signature: _____

Exit Interviewer Signature: _____