

**DEPARTMENT OF COMMERCE
SEPARATION CHECKLIST & EXIT QUESTIONNAIRE**

Last Name	First Name	Initial
Effective Date	Division/Commission	Date of Interview

DIVISION DIRECTOR - Have the employee returned the following items? *(if applicable)*:

Keys	Phone Cards	AMEX Card	Photo ID
Motor Pool Vehicle/Keys	Building Access Card	Parking Deck Transponder	Other: _____

SUPERVISOR/HBR REPRESENTATIVE - The following items **MUST** be completed and submitted to the Human Resources Office.

<u>Letter of Resignation</u>	<u>Projectet Timesheets</u>	<u>Position Action Request Form</u>
<u>Performance Appraisal</u>	<u>IS Computer Notification</u>	<u>IS Notification of Separation Date</u>

BEACON Benefits Termination Notice

A Benefits Termination Notice will be mailed to the employee's home address. This notification is about state-sponsored benefit plans that will end due to Separation; information on continuation of coverage, conversion or portability options may be available based on each plan's specifications. Payment arrangements and necessary forms may be completed by the employee based on each plan's requirements and deadlines. For information on state-sponsored benefit plans, contact the Benefits Support Center at 1-866-NCBEST-4U.

LEAVE PAY

A check will be mailed to the employee's home address 30 days after the separation date.

Unused Bonus _____ Unused Vacation Leave _____ Unused Sick Leave _____

Is a refund of retirement contributions desired? YES NO
 If yes, has FORM 5 Must be completed?
 (*Allow 60-90days for payment*)
www.nctreasurer.com/dsthome

Reasons for Separation

Transfer to another State Agency Retirement Private Sector Other

Director (or Designee) Signature _____	Date _____	Supervisor/Personnel Rep Signature _____	Date _____
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Employee Signature _____	Date _____	Benefits Representative Signature _____	Date _____
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Your objective feedback regarding the following questions is important. This exit interview questionnaire enables the Department to keep track of reasons why employees separate. It will assist us in recognizing our strengths as well as the employee needs and areas for improvement.

1	What are your reasons for terminating employment with the agency?				
2	Would you consider re-employment with Commerce if given the opportunity?				
3	How did you feel about your salary in conjunction with your job responsibilities?				
4	What is your opinion regarding the State's benefit package?				
5	How would you rate supervision on the following points?	Almost Always	Usually	Sometimes	Never
	Follows policies and procedures				
	Demonstrates fairness				
	Provides job recognition				
	Resolves complaints/problems				
6	How would you rate Commerce Administration (i.e. Human Resources, Fiscal Management, etc. on the following points?	Above Average	Average	Below Average	
	Communication				
	Courtesy/Helpfulness				
	Overall Rating				
7	Name of Division or Commission where employed:				
8	Based upon your experience, list all training that is appropriate for any new person in this position. This should include any training that you actually received, or training that you feel would have been extremely beneficial to you, in performing responsibilities of this position.				

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This page has been provided for any additional comments you may have concerning your employment with Commerce.

This is confidential information and should be sent directly to the Human Resources Office in a regular, sealed envelope. Mark Confidential.

Should you prefer to arrange a confidential interview with the Commerce HR/Employee Relations at (919) 733-2104.