



CITY OF POMONA

SEPARATION FROM CITY EMPLOYMENT NOTIFICATION

Employee: _____ Position: _____

Department: _____ Last Day Worked: _____

Specify Reason Below:

- Professional Advancement
- Retirement
- Relocation
- Resignation
- Lay Off
- Other _____

NOTE: FINAL CHECKS ARE NOT TRANSMITTED AS DIRECT DEPOSITS

Indicate Last Check Distribution Preference Below:

Hold final check in Human Resources. OR Mail final check to address below.

Street Address, City, State, Zip Code

Employee Printed Signature

Date

Department Director Signature

Date

Human Resources/Risk Management Director
Signature

Date

Complete this form and surrender all City property and equipment (including ID card) to your immediate supervisor. Final checks will not be released until all City property has been surrendered. Checks over \$10,000 will be sent by certified mail. The City is not responsible for any delays by the Post Office. ***Please call Human Resources (909), 620-2291 to schedule an exit interview prior to the last work day.***



City of Pomona EXIT INTERVIEW FORM

The purpose of the exit interview is to provide feedback to various appointing authorities to ensure continuous organizational growth and to improve employee morale. *Your feedback is important to us.* The City appreciates the time you take to complete this Exit Interview form.

Upon submission of the form, you will be contacted by a Human Resources staff member to discuss your exit interview.

TO BE COMPLETED BY EMPLOYEE:

Name: _____ Position: _____

Department/Division: _____

Length of time with City: _____ Last Working Day: _____

1. Why are you leaving our employ? _____

If your separation is due to a voluntary resignation please complete the following section:

Reason for resignation: (Please check either A or B and all subcategories that apply)

- | | |
|--|--|
| <input type="checkbox"/> A. For another opportunity with: | <input type="checkbox"/> B. Personal Reasons: |
| <input type="checkbox"/> Better Supervision | <input type="checkbox"/> Family responsibilities |
| <input type="checkbox"/> Greater opportunities for advancement | <input type="checkbox"/> Moving out of the area |
| <input type="checkbox"/> Different type of work | <input type="checkbox"/> To attend school |
| <input type="checkbox"/> Shorter hours | <input type="checkbox"/> Health/Pregnancy |
| <input type="checkbox"/> Better compensation package | <input type="checkbox"/> Incarceration |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

2. Could the City of Pomona have done anything to prevent your separation? Yes No

If yes, What? _____

3. Would you want to work for the City again? Yes No

Under what circumstance? _____

4. In your opinion, was your workload usually: Too Great About Right Too Light

5. In your opinion, were your salary and benefits commensurate with your performance? Yes No

Comments: _____

6.	In your opinion, did your supervisor:	Yes	No	Sometimes
	Effectively communicate job assignments & expectations of you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Encourage you to discuss problems freely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Resolve complaints and problems fairly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Effectively utilize your abilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Plan and schedule work assignments effectively?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Provide adequate guidance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Give and discuss regular performance reviews?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

7.	How would you rate the following in your job or department?	Excellent	Good	Fair	Poor
	Communications in department/division	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Cooperation within department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Cooperation with other departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Public interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	On-the-job training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Equipment provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Physical working conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Overall safety record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Opportunity for advancement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Communication of changes in City personnel practices & policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

8.	How would you rate compensation provided by the City?	Excellent	Good	Fair	Poor
	Rate of Pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Paid vacation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Paid holidays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Paid sick leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Retirement plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Medical plan: specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Dental plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Tuition reimbursement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other _____				
Comments:					

9. Comments and/or suggestions: _____

10. Do you have another job? Yes No

If yes, name of employer: _____

New job title _____ Salary increase? Yes No

Signature of Separating Employee (Typed Signature is also acceptable)

Date

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