



BOWIE

STATE UNIVERSITY
Office of Human Resources

CLEARANCE CERTIFICATE

Name: _____

EmplID: _____

Date: _____

Department: _____

Clearance must be obtained from the following departments:

- Library for outstanding books _____
- Office of Information Technology _____
- Registrar's Office for Grades _____
(Applies to anyone teaching courses)
- Payroll _____
- Material Management (Property Control) _____
- Purchasing/Procurement _____
- Physical Plant (area keys) _____
- Telecommunications _____
- Supervisor/Department Chairperson _____
- Office of Human Resources (Signs last) _____

NOTE: The effective date of separation from the University shall be the last day worked.

Upon separation, an employee's last paycheck will be withheld until this form is completed and returned to the Office of Human Resources with all required signatures. Keys should be turned in to the **Physical Plant** and Bowie ID Card to the **Office of Human Resources**.

Do we have your permission to give your address and/or telephone number to a requestor?
_____ Yes _____ No

If so, please indicate your address and telephone number where you may be reached.

Address City/State Zip Telephone



BOWIE State University

EXIT INTERVIEW AND EVALUATION

NAME _____ JOB TITLE _____

DEPARTMENT _____ LENGTH OF SERVICE _____ YEARS _____ MONTH _____ DAYS _____

SALARY AT RESIGNATION _____

1. WAS YOUR DECISION TO LEAVE THE UNIVERSITY INFLUENCED BY ANY OF THE FOLLOWING:

- | | |
|---|--|
| <input type="checkbox"/> BETTER JOB OPPORTUNITY | <input type="checkbox"/> SUPERVISION |
| <input type="checkbox"/> TYPE OF WORK | <input type="checkbox"/> FAMILY CIRCUMSTANCES |
| <input type="checkbox"/> RATE OF PAY | <input type="checkbox"/> ILLNESS OR PHYSICAL CONDITION |
| <input type="checkbox"/> COMMUTING OR PARKING | <input type="checkbox"/> OTHER |

SPECIFY: _____

2. IF YOU ARE GOING TO ANOTHER JOB, WHAT TYPE OF WORK WILL YOU BE DOING?

3. WHAT DOES THE NEW JOB OFFER THAT THE JOB WITH US DID NOT?

4. WHEN YOU FIRST STARTED HERE, WERE YOU INTRODUCED TO THE PEOPLE YOU WORKED WITH?

5. BY WHOM?

6. WAS YOUR JOB FULLY EXPLAINED TO YOU?

BY WHOM?

7. YOUR EVALUATION OF THE SUPERVISION YOU RECEIVED:

	ALMOST ALWAYS	USUALLY	SOMETIMES	NEVER	COMMENTS
SUPERVISOR FOLLOWED POLICIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SHOWED FAIR AND EQUAL TREATMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GAVE RECOGNITION FOR WORK EFFORT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ENCOURAGED IDEAS AND SUGGESTIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DEVELOPED TEAM WORK AND COOPERATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RESOLVED COMPLAINTS, GRIEVANCES, PROBLEMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

8. HOW DO YOU RATE THE FOLLOWING IN YOUR JOB OR DEPARTMENT:

	EXCELLENT	GOOD	FAIR	POOR	COMMENTS
SUPERVISOR FOLLOWED POLICIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SHOWED FAIR AND EQUAL TREATMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GAVE RECOGNITION FOR WORK EFFORT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

20. I AM INTERESTED IN COBRA BENEFITS. YES _____ NO _____

21. ADDITIONAL COMMENTS:

SIGNATURE: _____