



City of Pittsburgh Exit Interview

Part 1

Name _____

Social Security # _____

Department _____

Bureau/Division _____

Current salary _____

Length of employment _____

Job title _____

Immediate supervisor _____

Termination

_____ Voluntary _____ Involuntary

Reason for termination _____

Termination date _____

Employee has been informed of the following:

_____ A. Medical Health

- Medical Health benefits, dental and vision: coverage extends until the end of the month of termination. (Personnel-Benefits Office)

_____ B. Life Insurance

- Coverage continues until the last day of the month of termination, however, the employee will be given the option of purchasing life insurance at the individual rate; retirees will pay at the municipal retiree rate and Police and Fire retirees receive a fully-paid policy. (Personnel-Benefits Office)

_____ C. Retirement/Pension

- If vested (minimum 8 years of service) and retiring (minimum 50 years of age), notify the Pension Office of your intention to retire and the effective date for pension.
- If vested but not retiring (minimum 40 years of age) may elect to continue to pay into the fund until age 50 and then collect pension, otherwise will have contributions refunded. Contact the Pension Office.
- If vested but under 40 years of age or not vested, notify Pension Office and receive a check for contributions in approximately 30 days. (Pension Office)

_____ D. Credit Union

- If person has outstanding note, he/she is responsible for settling account with credit union. (Credit Union Office)

_____ E. Accumulated, unused vacation and personal days

- Payment included in last paycheck. (Department's Account Clerk, Personnel-Payroll Office)

_____ F. Accumulated sick leave

- IF retiring, a severance check for the leave time will be issued; if not retiring, accumulated days will be lost. (Department's Account Clerk, Personnel-Payroll Office)

_____ G. Deferred Compensation

- Employees must contact their Deferred Compensation Plan Administrator to start process and to decide how they want their pay-out (e.g. lump sum, annuity, etc.). Federal Income Tax shall be paid on monies received. (Deferred Compensation Plan Administrator)

_____ H. Re-employment

- For those uniformed service employees who retire at the age of 65, re-employment is not a possibility under current law; for others, re-employment may be achieved by completing an application, having his/her name placed on a list and being hired. (Personnel-Employment)

NOTE: If employee needs additional information, please have them contact the office designated in parenthesis.

Part 2

The City of Pittsburgh believes that something can be learned from every employee who leaves City employment. We are interested in your opinions. By completing this questionnaire, you may help us to improve some situations which cause employees to leave.

1. Please select the reason(s) you are leaving employment with the City of Pittsburgh.

- | | |
|--|--|
| <input type="checkbox"/> Lack of promotional opportunities | <input type="checkbox"/> Relocation |
| <input type="checkbox"/> Disinterest in work | <input type="checkbox"/> Retiring |
| <input type="checkbox"/> Work not suited to ability | <input type="checkbox"/> Personal reasons |
| <input type="checkbox"/> Salary | <input type="checkbox"/> Military or education |
| <input type="checkbox"/> Insufficient training | <input type="checkbox"/> Another position |
| <input type="checkbox"/> Other – Please describe _____ | |

Please provide information on your reasons for leaving:

2. Did your job duties turn out to be as you expected?
3. What did you find most satisfying about your job?
4. What did you find most frustrating about your job?
5. Would you consider returning to work for the City of Pittsburgh in the future?
6. Would you recommend the City of Pittsburgh to a friend as a good place to work?

7. Please describe the following as you perceive them at the City of Pittsburgh:

Working conditions:

Promotional opportunities:

Supervision:

Training received:

8. If termination is for other employment, please provide the following information (if possible):

Name of employer: _____

New position: _____

Salary: _____

Employer Comments:

Exit Interview Checklist

Rec'd N/A

Item Description/Instruction

<input type="checkbox"/>	<input type="checkbox"/>	Department/Division/Commission Office Keys
<input type="checkbox"/>	<input type="checkbox"/>	Advise employee of applicable insurance benefits (COBRA) and retrieve binder
<input type="checkbox"/>	<input type="checkbox"/>	City of Pittsburgh Employee ID card (<i>to be returned to designated staff person to notify Facilities Mgmt. to deactivate</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Laptop, pager, cell phone or other electronic equipment
<input type="checkbox"/>	<input type="checkbox"/>	Employee Policies and Procedures Manual, if applicable
<input type="checkbox"/>	<input type="checkbox"/>	Other Department/Division/Commission property (e.g. <i>uniforms, safety equipment, etc.</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Ask employee to change the pass code on their voice mailbox to his or her extension number and change the greeting to "You have reached an unassigned telephone extension for the [department name]. Please press "zero" and an operator will assist you."
<input type="checkbox"/>	<input type="checkbox"/>	Notify City Information Systems of the last day the employee will be in the office so that access to the computer systems can be deleted.
<input type="checkbox"/>	<input type="checkbox"/>	Notify employee that final checks are not deposited electronically to employee accounts and therefore must be picked up or mailed to the employee as indicated below: <div style="margin-left: 40px;"> <input type="checkbox"/> Employee will pick-up check at _____ on _____ <div style="display: flex; justify-content: space-around; width: 80%;"> (Location) (Date & Time) </div> </div> <div style="margin-left: 40px;"> <input type="checkbox"/> Mail employee's check to: _____ _____ _____ </div>

Employee's Signature: _____

Date: _____

Interviewer's Signature: _____

Date: _____

Appointing Authority/
Designee Signature: _____

Date: _____