



Exit Interview Guide and Checklist

OFF-BOARDING GUIDE

Purpose: This document provides guidelines to assist in the off-boarding process. The goal is to collect valuable feedback and assist with the transfer of knowledge.

Process: Supervisors and managers should request assignment status and participation in an exit interview for exiting employees. Exit interviews are voluntary. The exit interview questions should be used as a guide for the exiting discussion. The Asset Checklist should be completed for each exiting employee.

This Off-boarding package is retained in an Exit Interview Department file.

OFF-BOARDING: KNOWLEDGE TRANSFER

In an effort to guide a smooth transition, please request that the exiting employee provide an update on outstanding projects, key contacts, upcoming deadlines and other institutional knowledge that might be lost during transition.

Sample Communication:

Dear Robin,

I received your letter of resignation and would like to meet with you before your departure date. In an effort to provide the appropriate coverage for work assignments, please provide a list of your current projects and assignments by (insert date). In addition, I would like to meet with you and get your feedback about the City as an employer prior to your last day in the office.



OFF-BOARDING: EXIT INTERVIEW

Sample Script:

Thank you for taking a few moments to provide feedback and answer some job-related questions so that we can improve the quality of service that we are providing to our employees. If any question is not applicable, you are welcome to let me know. Finally, please feel free to be as candid as possible in voicing your concerns and/or suggestions. **These notes will not go in your Personnel File.**

1. What is your primary reason for leaving (check all that apply)?

- Other employment
- Continuing education
- Family needs
- Retirement
- More money
- Transfer
- Other

2. What did you like most about your job?

3. What would you have changed about your job?

4. How would you describe the culture of our organization?

5. What would you recommend to us to create a better workplace?

6. What are the key qualities and skills we should seek in your replacement?

7. Would you return to the City of Oakland if a position were available in the future?

8. If leaving for a new position, what does the new position or organization offer that your existing position did not?

9. What is the status of your current assignments and projects?



Exit Interview Guide and Checklist

OFF-BOARDING: ASSET CHECKLIST

Employee Name:	Dept.:	Date:
Worksite Address:	Floor	Suite

TO BE COMPLETED BY CITY OF OAKLAND EMPLOYEES SEPARATING FROM EMPLOYMENT

This form is to assist you and the City in documenting the return of City property such as keys, telephones, laptops, etc.
Your assistance and cooperation is greatly appreciated.

Check box for items that apply	Description of City Property identified and returned to my Agency/Department.
<input type="checkbox"/>	1. Main Building Card/Key: Access Card Returned <input type="checkbox"/> Yes <input type="checkbox"/> No Card # _____ Main Building Key Returned <input type="checkbox"/> Yes <input type="checkbox"/> No Key # _____
<input type="checkbox"/>	2. Floor Keys: Floor Keys Returned <input type="checkbox"/> Yes <input type="checkbox"/> No Quantity _____ Key #(s) _____
<input type="checkbox"/>	3. Workspace Keys: Personal Office Door Key # _____ Desk Key # _____ Cabinet Key # _____
<input type="checkbox"/>	4. Photo ID: City Employee Photo Identification Card Returned <input type="checkbox"/> Yes <input type="checkbox"/> No OR Other Agency/Dept ID Badge & Number _____
<input type="checkbox"/>	5. City Credit Card: (AMEX, VISA, MC, ATM, GAS, or Other) Returned <input type="checkbox"/> Yes <input type="checkbox"/> No Account #(s) _____
<input type="checkbox"/>	6. Desk Phone: City Telephone Number (510) _____ - _____ Greeting/Password Reset <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	7. Cell Phone: Cellular Telephone Returned <input type="checkbox"/> Yes <input type="checkbox"/> No Greeting/Password Reset <input type="checkbox"/> Yes <input type="checkbox"/> No Cellular Telephone Number (510) _____ - _____
<input type="checkbox"/>	8. Computers: City Computer Equipment Accounted For <input type="checkbox"/> Yes <input type="checkbox"/> No Serial # _____
<input type="checkbox"/>	9. City Network Access: City User Sign-On to City Applications Removed by OIT <input type="checkbox"/> Yes <input type="checkbox"/> No Login Name _____
<input type="checkbox"/>	10. Parking: City Paid Parking Pass Returned <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	11. Other City Property Returned:
<input type="checkbox"/>	12. Conflict of Interest (Form 700):
<input type="checkbox"/>	13. Forwarding Address (W-2's etc.):

Items listed above have been returned to the City of Oakland Attention of:	City Employee Signature:	Date:
City property listed above has been verified and returned to our Department:	Authorized Approval Signature:	Date: