

KANSAS STATE UNIVERSITY
Manhattan, KS 66506

EXIT INTERVIEW for CLASSIFIED EMPLOYEES

Name _____ Employee ID _____

Department
Name _____ Classification _____

A. Please check if your decision to leave was influenced by any of the following:

- End Limited Term
- Layoff
- Family Reasons
- Health Reasons
- Personal Reasons
- Other Position

- Return to school
- Mutual Consent
- Transfer
- Retirement

- * Dissatisfied with:
 - Type of work
 - Working conditions
 - Salary
 - Communication
- ** Other

* If "Dissatisfied with" is checked, please explain: _____

** If "Other" is checked, please explain: _____

B. If you feel that you have been subject to discrimination by reason of race, color, religion, age, national origin, ancestry, handicap, or sex, please explain: _____

C. I do not want to relate my reasons for leaving employment at Kansas State University.

Date

Signature of Employee