**Exit Interview Form**

Please fill out this form and send to Jeanne Stietz (jstietz@archphila.org) and your appropriate
Asst. Superintendent. Be sure to keep a copy for your own files.

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| **Submitted By**: Enter Name of Person Submitting this Form | **Date:** Select Date |
| **School:** Enter School | **County:** Select County |
| **Principal:** Enter Principal Name | **Email: Enter Email** | **Phone: Enter Phone #**  |

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| --- | --- |
| **Teacher Name: Enter Teacher Name** | **SS#: Enter SS #** |
| **Date of Leave Notification:** Select date | **Full-Time** [ ]  **Part-Time** [ ]  **LTS** [ ]  |
| **Reason for Leaving:** Choose an item. | **If Other, Please Explain:** Click or tap here to enter text. |
| **Dates of Employment: from** Select date **to** Select date | **Teacher Performance:** Choose an item. |