**Exit Interview Form**

Please fill out this form and send to Jeanne Stietz ([jstietz@archphila.org](mailto: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. | |