

Human Resources / Payroll Dept  
hrpayroll@mail.law.cuny.edu

(718) 340-4223 Ext: 8-4223  
(718) 340-4434 Fax

2 Court Square, Suite 5-109  
Long Island City, NY 11101-4356

### **Human Resources Department Exit Interview Questionnaire**

This questionnaire has been designed to give you an opportunity to discuss those areas of your job with the College, which are of most interest and importance to you. Feel free to express how you view your term of employment with CUNY School of Law. The value of this information depends on the truthfulness and ability with which you answer the questions.

1. As well as you can recall, was the initial description of the job you applied for accurate?

Yes  No. If "No", what might have been applied for it to be accurate?

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2. Do you feel that you received an adequate understanding of your job requirements?  Yes  No.

Which responsibilities would a clearer understanding would have been helpful?

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3. What might be added to our present orientation procedures for new employees to acquaint new staff members with the College?

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4. With most positions there are some things we like, and some things we do not like. What are some of the things you liked most about your job?

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Liked the least? \_\_\_\_\_ . What areas of your work do you feel that you were most successful in performing?

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5. Looking at your job as a whole, what would you say that you have gained because of your employment with the College?

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Did you receive promotion while employed with the College?  Yes  No. Did you apply for a promotion or transfer while with the College?  Yes  No.

6. Were you able to participate in additional training opportunities other than on-the-job training if so, please describe:

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*The City University of New York*

**CUNY SCHOOL OF LAW**

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7. What changes do you deem should had been executed or would had helped you perform further proficiently or effortless? (Consider such things as instructions, communications, procedures, cooperation of others, supervision received, physical surroundings, etc...)\_\_\_\_\_

8. Did you receive regular evaluations of your work performance, or some suggestion about your progress on the job? Yes No

9. Additional comments not expressed above (attach an extra page, if needed):

\_\_\_\_\_

( ) I request that the material on this questionnaire be retained by the Human Resources Department only.

Or

( ) The department, if appropriate may review my evaluation

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Department \_\_\_\_\_ Length of Service: \_\_\_\_\_

Current Permanent Street Address \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Day Time Contact #: \_\_\_\_\_ Alternate Contact #: \_\_\_\_\_

Reason for leaving:

\_\_\_\_\_  
\_\_\_\_\_

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### Human Resources Department Exit Interview Form

#### **Form Procedures**

Several accounts must be cleared whenever an employee takes an extended leave of absence or discontinues association with the CUNY School of Law. This procedure is simple but necessary, since keys, identification cards, computers, library books, payroll information and related matters are involved. Human Resources Department will be your last stop and these forms will be left with HR.

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Current Permanent Street Address \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

#### **Your Present Department Head**

Any pending matters should be cleared. This step must be done first.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

#### **Library Rm#: 6-106**

Circulation Desk: All outstanding library books, fines, etc. must be cleared.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

#### **Information Technology Rm#: 3-205**

All A/V equipments must be returned and all computers accounts must be closed.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

#### **Security Department Rm#: 1-301**

Return all College keys and identification card

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

#### **Administration and Finance Rm#: 5-108**

Return all College equipment, properties and pay all outstanding debts to the College

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

#### **Reprographics Department Rm#: 1-104**

All outstanding postage debt must be paid and provide forwarding mailing address

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

#### **Human Resources Department Rm: 5-109**

Attach your last time sheet to this form. Do you want your last payroll check mailed to the address indicated on this form? \_\_\_\_\_. If not, please indicate on the back of this form the mailing address you prefer for us to mail your correspondence.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

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**All correspondence is to be forwarded to:**

Full Street Address \_\_\_\_\_ Apt #: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Day Time Contact #: \_\_\_\_\_ Alternate Contact #: \_\_\_\_\_

Email: \_\_\_\_\_