

DIOCESE OF RAPID CITY

EXIT INTERVIEW FORM

Name _____ Date _____

Position _____ Department _____

Last day of work _____ Date of final check _____

Forwarding address for W2 _____

I have received the necessary forms for continuing health benefits as allowed by law. _____

I have returned all manuals, equipment, supplies and keys checked out to me. _____

I understand that although I am no longer employed by the Diocese of Rapid City,
I am not to disclose propriety and confidential information that was learned
through my employment with the Diocese. _____

Comments:

Signature

Date