

COMPLETION OF EXIT INTERVIEWS FORM

Employee _____

Date of Final Day of Employment in MSAD #68: _____

This is to certify that the above-named employee of MSAD #68 has made appropriate arrangements for completing all obligations to MSAD #68 by the date indicated.

Employee's stated reason(s) for resignation: _____

Principal or Administrator's Signature _____ Date: _____

Employee's Signature _____ Date: _____

Financial Secretary to Superintendent _____ Date: _____

I certify that I will complete my obligations to MSAD #68 (including the return of all equipment, materials, and keys) by the above date; and that I have met with the above-named persons for exit interviews; and that I have been satisfactorily informed with respect to benefits for which I may qualify.

Employee's Signature: _____ Date: _____