

EXIT INTERVIEW QUESTIONNAIRE

We value your opinions. In our ongoing efforts to improve company performance and employee satisfaction, we ask that you take a few minutes to complete this questionnaire. Thank you.

TO BE COMPLETED BY EMPLOYEE

Name:	Department:
Job Title:	Last Day Worked:

REASON FOR LEAVING

Was your decision to leave influenced by any of the following? *Please mark all that apply.*

- | | |
|--|---|
| <input type="checkbox"/> Relocation
<input type="checkbox"/> Returning to school
<input type="checkbox"/> Health/medical reasons
<input type="checkbox"/> Family circumstances
<input type="checkbox"/> Retirement
<input type="checkbox"/> Working conditions
<input type="checkbox"/> Location/commute
<input type="checkbox"/> Another job
<input type="checkbox"/> Other _____ | DISSATISFIED DUE TO:
<input type="checkbox"/> Type of work
<input type="checkbox"/> Compensation
<input type="checkbox"/> Lack of recognition
<input type="checkbox"/> Benefits
<input type="checkbox"/> Supervisor
<input type="checkbox"/> Company management
<input type="checkbox"/> Career opportunities |
|--|---|

YOUR JOB

How would you rate the following in your job department?	Excellent	Good	Fair	Poor
Morale in the department				
Cooperation within the department				
Cooperation within other departments				
Orientation to the job				
Adequate training in the job				
Opportunity for advancement/promotion				
Communication within the department				

YOUR SUPERVISOR

How would you rate your supervisor/manager on the following?	Excellent	Good	Fair	Poor
Fair and equal treatment of employees				
Provides recognition for accomplishments				
Resolves complaints and problems				
Enforced established policies and procedures				
Keeps employees informed about what is going on				
Encourages feedback/welcomes suggestions				
Shows willingness to admit and correct mistakes				
Gives instructions clearly				
Shows an interest in individual employees				
Handles pressure/conflict				
Overall effectiveness				

THE COMPANY

What was your opinion of the following as a whole?	Excellent	Good	Fair	Poor
Morale as a whole				
Your salary				
Paid vacation				
Paid sick leave				
Health insurance				
Physical working conditions				
Equipment/tools provided				
Support from the Human Resources Department				

OVERALL

Would you consider reemployment if a suitable job were available? Yes No If no, why not?

What changes would you like to see?

What did you like MOST about working at this Company?

What did you like LEAST about working at this Company?

Employee Signature: _____ Date: _____

TO BE COMPLETED BY COMPANY

Employee's Name: _____ Job Title: _____

Remarks/Comments:

Type of Separation? Resignation Termination Layoff

Was there employment available after last day worked? Yes No If yes, when? _____

Eligible for rehire? Yes No

Company property returned? Yes No
If no, what steps have been taken to recover the missing item(s)?

Previous employment with us? Yes No Last day worked: _____

Paid through: _____ Effective date of termination: _____

Signed: _____ Date: _____