

# Exit Interview

Name \_\_\_\_\_ Department \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Position \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Hire Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Termination Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Take a moment and complete the following questionnaire. We regret losing an employee and hope that through this questionnaire we can identify areas for improvement and address any situations needing attention. This form will not become a part of your personnel file and will not affect your rehire status. Your cooperation is appreciated.

1. Reasons for leaving?

- |   |   |
|---|---|
| <input type="checkbox"/> Other Position<br><input type="checkbox"/> Opportunity for Advancement<br><input type="checkbox"/> Too Demanding or Stressful<br><input type="checkbox"/> Return to School<br><input type="checkbox"/> Relocation<br><input type="checkbox"/> Medical<br><input type="checkbox"/> Child Care | <input type="checkbox"/> Dissatisfaction with Work<br><input type="checkbox"/> Dissatisfied with Type of Work<br><input type="checkbox"/> Working Conditions<br><input type="checkbox"/> Benefits and Pay<br><input type="checkbox"/> Hours<br><input type="checkbox"/> Supervision<br><input type="checkbox"/> Other (specify) _____ |
|---|---|

2. If you are leaving for a new position, what makes it more attractive than the one you are leaving?

- |   |  |
|---|--|
| <input type="checkbox"/> Wage and Benefits<br><input type="checkbox"/> Opportunities and Advancement<br><input type="checkbox"/> Working Conditions<br><input type="checkbox"/> Hours | <input type="checkbox"/> Location<br><input type="checkbox"/> Responsibility<br><input type="checkbox"/> Flexibility<br><input type="checkbox"/> Other (specify) _____ |
|---|--|

3. How would you rate the following?

	Excellent	Good	Fair	Poor	Comments
Performance Reviews	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Opportunity for Advancement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Training Received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Company Policies and Practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Support by Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Work Load	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Salary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Are there any additional benefits you would like to receive? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Did your Supervisor:	Yes	No	Comments
Demonstrate fair and equal treatment?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Provide recognition on the job?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Keep employees well informed?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Make themselves available for discussion of any problems or potential problems?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Encourage feedback?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Explain the position and responsibilities of the job you held?	<input type="checkbox"/>	<input type="checkbox"/>	_____

5. What is your opinion of the job you had with us? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. What were some of the frustrations you experienced in the performance and execution of job responsibilities?  
 \_\_\_\_\_

7. Would you be willing to stay with our company under a more satisfactory arrangement?  
 Yes       No  
 What changes would be required? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Overall Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_