

Exit Interview

Please Print

It is our company policy to conduct an exit interview with each employee upon separation. We would appreciate your honest opinions about your employment with our company. Your objective feedback can help us to improve workplace conditions and make this company a better place to work. Please complete the front page of this questionnaire and return it to the administrator. Thank you for your valued opinion.

Employee Name _____ Separation Date ____/____/____
Position title _____ Dept. _____

Check which best describes your feelings about the following aspects of your employment experience at our company.

	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
Nature of the job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utilization of skills and experiences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance appraisals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training, orientation and development programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities for advancement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salary treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immediate supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Company management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Company policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workload	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benefits program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, as a place to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have marked dissatisfied or very dissatisfied for any of the categories, please explain. _____

The main reasons I am leaving this company are: _____

If you are leaving to accept other employment, please list the new employer's name, the title of your new position, your starting salary and any benefits that you will be receiving that you did not receive at our company. _____

If you are leaving to accept other employment, describe how your new position will be different from the job you held at our company. _____

Please describe your relationship with your supervisor and how it could have improved, if at all. _____

Has our company and/or your supervisor provided enough recognition for your work achievements? If not, please describe how you would have preferred to have been recognized. _____

Would you recommend this company as a place to work? Yes No If not, why? _____

Employee Signature _____ Date ____/____/____

Administrator to Complete

Employee starting date / / Separation date / /

Length of employment

Please provide explanations for the employee's comments: _____

Number of unused vacation days sick days Benefits ending date / /
(Excluding COBRA)

Check List

Date	Initials		Date	Initials	
<u> </u> / <u> </u> / <u> </u>	<u> </u>	Notification to Payroll	<u> </u> / <u> </u> / <u> </u>	<u> </u>	Retirement/401(k)/403(b)
<u> </u> / <u> </u> / <u> </u>	<u> </u>	Notification to Credit Union	<u> </u> / <u> </u> / <u> </u>	<u> </u>	COBRA notification
<u> </u> / <u> </u> / <u> </u>	<u> </u>	Notification to insurance carriers	<u> </u> / <u> </u> / <u> </u>	<u> </u>	Authorization for release of information
<u> </u> / <u> </u> / <u> </u>	<u> </u>	Return Company credit cards	<u> </u> / <u> </u> / <u> </u>	<u> </u>	Vacation/Benefit Payment
<u> </u> / <u> </u> / <u> </u>	<u> </u>	Return access card/identification badge	<u> </u> / <u> </u> / <u> </u>	<u> </u>	Profit Sharing
<u> </u> / <u> </u> / <u> </u>	<u> </u>	Return keys	<u> </u> / <u> </u> / <u> </u>	<u> </u>	
<u> </u> / <u> </u> / <u> </u>	<u> </u>	Unemployment insurance	<u> </u> / <u> </u> / <u> </u>	<u> </u>	
<u> </u> / <u> </u> / <u> </u>	<u> </u>	Group insurance conversion (COBRA)	<u> </u> / <u> </u> / <u> </u>	<u> </u>	

Administrator _____ Title _____ Date / /