

Exit Interview

Employee Name: _____ Date of exit interview: _____
 Job position/title: _____ Immediate Supervisor: _____
 Hire date: _____ Termination date: _____

Please take a moment to complete the following questionnaire. We regret losing an employee and hope through this questionnaire we can identify problem areas and rectify undesirable situations. This form will NOT become a part of your Personnel file, and will NOT affect your rehire status. Your honest answers and cooperation is appreciated.

1. Reasons for leaving

- | | | |
|---|--|--|
| <input type="checkbox"/> Other position | <input type="checkbox"/> Opportunity for advancement | <input type="checkbox"/> Too demanding/stressful |
| <input type="checkbox"/> Return to school | <input type="checkbox"/> Relocation | <input type="checkbox"/> Medical reasons |
| <input type="checkbox"/> Baby care | <input type="checkbox"/> Dissatisfied with work | <input type="checkbox"/> Type of work |
| <input type="checkbox"/> Working conditions | <input type="checkbox"/> Pay/benefits | <input type="checkbox"/> Hours |
| <input type="checkbox"/> Supervision | <input type="checkbox"/> Other (specify) _____ | |

2. If you're leaving for a new position, what made it more attractive than the job you're leaving?

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Pay/benefits | <input type="checkbox"/> Opportunity for advancement | <input type="checkbox"/> Working conditions |
| <input type="checkbox"/> Hours | <input type="checkbox"/> Location | <input type="checkbox"/> Responsibility |
| <input type="checkbox"/> Flexibility | <input type="checkbox"/> Other (specify) _____ | |

3. How would you rate the following?

	Excellent	Good	Fair	Poor	Comments
Wages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Satisfaction with type of work	<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"/>	_____
Recognition for a job well done	<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"/>	_____
Training received	<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"/>	_____
Relationship with co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Relationship with supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Support by franchise owner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Performance Reviews	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

4. Did your supervisor:

Yes No

Comments

Demonstrate fair and equal treatment?

Provide recognition on the job?

Keep employees well informed?

Be available for discussion of problems/potential problems?

Encourage feedback?

Explain the duties and responsibilities of your job?

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 us under more satisfactory conditions?

Yes No

What would need to change in order for you to stay with us?

8. Overall comments:

