



Employee Exit Interview

Company: _____ Date: _____

Employee: _____ Security Social #: _____

Location/Department: _____ Supervisor's Name: _____

Hire Date: _____ Termination Date: _____

Starting Position: _____ Ending Position: _____

Starting Salary: _____ Ending Salary: _____

PART I: REASONS FOR LEAVING

More than one reason may be given if appropriate; if so, circle primary reason.

• RESIGNATION

- | | |
|--|--|
| <input type="checkbox"/> Took another position | <input type="checkbox"/> Dissatisfaction with salary |
| <input type="checkbox"/> Pregnancy/home/family needs | <input type="checkbox"/> Dissatisfaction with type of work |
| <input type="checkbox"/> Poor health/physical disability | <input type="checkbox"/> Dissatisfaction with supervisor |
| <input type="checkbox"/> Relocation to another city | <input type="checkbox"/> Dissatisfaction with co-workers |
| <input type="checkbox"/> Travel difficulties | <input type="checkbox"/> Dissatisfaction with working conditions |
| <input type="checkbox"/> To attend school | <input type="checkbox"/> Dissatisfaction with benefits |
| <input type="checkbox"/> Other (specify): _____ | |

• LAID OFF

- | | |
|---|--|
| <input type="checkbox"/> Lack of work | |
| <input type="checkbox"/> Abolition of position | |
| <input type="checkbox"/> Lack of funds | |
| <input type="checkbox"/> Other (specify): _____ | |

RETIREMENT

- | |
|--|
| <input type="checkbox"/> Voluntary retirement |
| <input type="checkbox"/> Disability retirement |
| <input type="checkbox"/> Regular retirement |

Plans After Leaving

PART II: COMMENTS/SUGGESTIONS FOR IMPROVEMENT

We are interested in what our employees have to say about their work experience. Please complete the questions below.

1. Do you feel you had the resources and support necessary to accomplish your job? If not, what was missing?

2. What types of training were you offered? Was it adequate?

3. Were you satisfied with your pay, benefits, and other incentives?

4. What did you like most about your job?

5. What did you like least about your job?

6. Can you offer any further comments that will enable us to understand why you are leaving, how we can improve, and what we can do to become a better company?

* please check appropriate box	Excellent	Good	Fair	Poor	Does Not Apply
• Rate of pay for your job					
• Paid holidays					
• Paid vacations					
• Retirement plan					
• Medical coverage for self/dependents					
• Life Insurance					
• Sick Leave					
• Additional Incentives					

4. How did you feel about the following?

* please check appropriate box	Very Satisfied	Slightly Satisfied	Neutral	Slightly Dissatisfied	Very Dissatisfied
• Opportunity to use your abilities					
• Recognition for the work you did					
• Training you received					
• Your supervisor's management methods					
• The opportunity to talk with your supervisor					
• The information you received on policies, programs, projects and problems					
• The information you received on departmental structure					
• Promotion policies and practices					
• Discipline policies and practices					
• Job transfer policies and practices					
• Overtime policies and practices					
• Performance review policies and practices					
• Physical working conditions					

Employee's Signature

Date

DO NOT WRITE BELOW THIS LINE. OFFICE USE ONLY.

- () Discussed with employee
 () Right to file for unemployment benefits
 () Conversion of benefits
 () If retiring, state option for payment of unused leave _____

Interviewer's Signature

Date