



Exit Interview Questionnaire

We would appreciate you taking about 8-10 minutes to answer the following questions as honestly as possible. Your individual responses are treated as confidential and will not become part of your personnel file.

We believe that the information is of vital importance and will assist in analyzing our employee retention and turnover. Thank you for your cooperation!

Name	Employment Date
Department	Termination Date
Position	Manager

What prompted you to seek alternative employment?

<input type="checkbox"/> Type of Work	<input type="checkbox"/> Quality of Supervision
<input type="checkbox"/> Compensation	<input type="checkbox"/> Work Conditions
<input type="checkbox"/> Lack of Recognition	<input type="checkbox"/> Family Circumstances
<input type="checkbox"/> Company Culture	<input type="checkbox"/> Career Advancement Opportunity
<input type="checkbox"/> Business/Product Direction	<input type="checkbox"/> Other: _____

Before making your decision to leave, did you investigate other options that would enable you to stay? Yes No

If "yes", describe : _____

What did you think of your supervision in regard to the following?

	Almost always	Sometimes	Never	Comments
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Demonstrated fair and equal treatment				
Provided recognition on the job				
Developed cooperation and teamwork				
Encouraged/listened to suggestions				
Resolved complaints and problems				
Followed policies and practices				

How would you rate the following in relation to your job?

	Excellent	Good	Fair	Poor	Comments
Cooperation within your department					
Cooperation with other departments					
Communications in your department					
Communications within the company as a whole					
Communications between you and your manager					
Morale in your department					
Job Satisfaction					
Training you received					
Growth Potential					

Was your workload usually:

- Too great
- Varied, but all right

About right
 Too light

How did you feel about your salary and the employee benefits?

	Excellent	Good	Fair	Poor	Comments
Base Salary					
Medical Plan					
Dental Plan					
Vision Plan					
401K Plan					
Life Insurance					
Paid-time-off					
STD/LTD Plan					
Stock Options					
Other					

Are there any other benefits you feel should have been offered?

Yes No

If "Yes", what? _____

Any other comments on benefits? _____

How frequently did you get performance feedback? _____

What were your feelings about the performance review process? _____

How frequently did you have discussions with your manager about your career goals? _____

What did you like most about your job and/or this company? _____

What did you like least about your job and/or this company? _____

What does your new job offer that your job with this company does not? _____

Why is the new job/company better? _____

Do you have any suggestions for improvement? Have you raised them in the past? _____

Would you recommend this company to a friend as a place to work?

Yes, without reservations Yes, with reservations No

Additional comments about your job or this company
