

**EMPLOYEE** **EXIT FEEDBACK FORM**

Thank you for working in BDO. As you move on to your next endeavor, we would like to get your feedback on your employee experience during your stay in BDO.

By providing the information below, you are giving your consent to include this in the data analytics for the purpose of improving the overall employee experience.

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rank : \_\_\_\_\_\_\_\_ Group/Unit : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Hired: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Separation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tenure in BDO : Years: \_\_\_\_\_\_\_ Months: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



1. What is your main reason for leaving BDO?

Accept Other Employment

a. Name of Company/Industry \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Position in the Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. Please check applicable reason(s) which made you decide to join your next employer.

\_\_\_\_ Higher Rank \_\_\_\_ Compensation Package \_\_\_\_ Join Previous Leader

\_\_\_\_ Work Environment \_\_\_\_ Work Schedule \_\_\_\_ Proximity To/From Work

\_\_\_\_ Career Change \_\_\_\_ Training Opportunities \_\_\_\_ New Job Exposure

\_\_\_ Others (Please state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal Reasons (Check all applicable)

**\_\_\_\_** Health Concerns

a. Type of sickness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Type of treatment to go thru (if required) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ To Continue Education

a. Course To Pursue \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Relocation

a. Location/Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Condition \_\_\_\_ Alone \_\_\_\_ With spouse / family

\_\_\_\_ Family Needs/Responsibilities (Please elaborate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Manage Own/Family Business (Please state business) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_ Others (Please state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. What did you like most about your employment experience?

3. What did you like least about your employment experience?

Compensation & Benefits

|  |  |  |
| --- | --- | --- |
| 1. Do you consider your salary commensurate to your  responsibilities? | Yes | No |
| 2. Were you satisfied with your benefits package? | Yes | No |
| **Performance Appraisal and Rewards**  |  |  |  | | --- | --- | --- | | 1. Was your performance appraised properly and fairly? | Yes | No | | 2. Were your contributions acknowledged and recognized? | Yes | No | | 3 Were you fairly rewarded for your performance? | Yes | No | | 4. Were there adequate opportunities for career growth? | Yes | No | | | |
|  | | |
| **Job Fulfillment** | | |
| |  |  |  | | --- | --- | --- | | 1. Did you receive relevant training in your job? | Yes | No | | 2. Did the job role enable you to apply your skills and competencies? | Yes | No | | 3. Were there opportunities to acquire new knowledge and/or gain  exposure on the job ? |  | No | | 4. Did you feel a sense of purpose from the work you were doing? | Yes | No | | 5. Was the job role aligned with your career goals? | Yes | No | | | |
| **Supervision (Immediate Superior)** | | |
| |  |  |  | | --- | --- | --- | | 1. Did you have a good work relationship with your superior? | Yes | No | | 2. Were you able to have an open communication channel with your  superior/s on work concerns? | Yes | No | | 3. Did you receive adequate adequate coaching as and when needed? | Yes | No | | 4. Did you get clear directions on business goals to enable you to deliver  expected results? | Yes | No |   5. What qualities would make your leader more effective? | | |
|  | | |
| **Co-Workers** | | |
| |  |  |  | | --- | --- | --- | | 1. Did you have harmonious relationships with members in your team? | Yes | No | | 2. Was team work and collaboration evident in your unit? | Yes | No | | | |

## Please use the space below for additional comments you may have on any of the areas you have rated. And, identify any areas for improvement on your job role, work unit and for BDO as an employer in general.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYEE SIGNATURE DATE**

**Thank you for taking time to share your experience with us!**

**NOTE:** Submit the signed form in a sealed envelope and with “**CONFIDENTIAL**” label**.**

Please address to Ms. Ma. Catalina “Karen” Cristobal at 34/F BDO Corporate Center Ortigas.

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