

**CONFIDENTIAL
EMPLOYEE EXIT FORM**

Date: _____

Name: _____

Department/Location: _____

Termination Date: _____

Hire Date: _____

Starting Position: _____

Ending Position: _____

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**

- ☐ Lack of work
☐ Abolition of position
☐ Lack of funds
☐ Other (specify) _____

RETIREMENT

- ☐ Voluntary retirement
☐ Disability retirement
☐ 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 with the University. Please complete this form.

1. What did you like most about your job?

2. What did you like least about your job?

3. How did you feel about the pay and benefits?

- Rate of pay for your job
- Paid holidays
- Paid vacations
- Retirement plan
- Medical coverage for self
- Medical coverage for dependents
- Life insurance
- Sick leave

Excellent	Good	Fair	Poor

5. a) If you are taking another job, what kind of work will you be doing?

b) What has your new place of employment offered you that is more attractive than your present job?

6. Could the University have made any improvements that might have influenced you to stay on the job?

Other remarks (optional):

Employee’s Signature

Date

DO NOT WRITE BELOW THIS LINE. OFFICE USE ONLY.

For Official Use	
Approved	Rejected

Signed By: