**Exit Interview Questionnaire**

|  |  |  |  |
| --- | --- | --- | --- |
| Employee  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Supervisor  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Department  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Job Title  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Hire Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Last Day  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Reason for leaving company (check all that apply):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Better job opportunity |  | Return to school |  | Commuting distance |
|  | Switching careers |  | Self-employment |  | Moving out of area |
|  | Increase in pay |  | Conflict with management |  | Other \_\_\_\_\_\_\_\_ |
|  | Conflict with other employees |  | Illness or physical condition |  | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | No room for advancement |  | Family circumstances |  | \_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Please rate the following:**

Poor to Excellent Not Applicable

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Policies and procedures practiced? | 1 | 2 | 3 | 4 | 5 | [ ] |
| Employee treatment? | 1 | 2 | 3 | 4 | 5 | [ ] |
| Job recognition? | 1 | 2 | 3 | 4 | 5 | [ ] |
| Job satisfaction? | 1 | 2 | 3 | 4 | 5 | [ ] |
| Department cooperation? | 1 | 2 | 3 | 4 | 5 | [ ] |
| Communication between departments? | 1 | 2 | 3 | 4 | 5 | [ ] |
| Communication throughout company? | 1 | 2 | 3 | 4 | 5 | [ ] |
| Employee complaints procedure? | 1 | 2 | 3 | 4 | 5 | [ ] |
| On the job training? | 1 | 2 | 3 | 4 | 5 | [ ] |
| Necessary resources for job? | 1 | 2 | 3 | 4 | 5 | [ ] |
| Ability to voice ideas/suggestions? | 1 | 2 | 3 | 4 | 5 | [ ] |
| Employee morale? | 1 | 2 | 3 | 4 | 5 | [ ] |
| Advancement opportunities? | 1 | 2 | 3 | 4 | 5 | [ ] |

1. **Please rate the following:**

Poor to Excellent Not Applicable

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Salary |  | 1 | 2 | 3 | 4 | 5 | [ ] |
| Medical Benefits |  | 1 | 2 | 3 | 4 | 5 | [ ] |
| Dental Benefits |  | 1 | 2 | 3 | 4 | 5 | [ ] |
| Vision Benefits |  | 1 | 2 | 3 | 4 | 5 | [ ] |
| Retirement Plan |  | 1 | 2 | 3 | 4 | 5 | [ ] |
| Life Insurance |  | 1 | 2 | 3 | 4 | 5 | [ ] |
| Paid time off |  | 1 | 2 | 3 | 4 | 5 | [ ] |
| STD/LTD Plan |  | 1 | 2 | 3 | 4 | 5 | [ ] |
|  |  |  |  |  |  |  |  |

1. How often did you receive feedback on your performance?
2. What are your thoughts on the performance review process?
3. What did you like most about your job and this company?
4. What did you like least about your job and this company?
5. How do you rate your supervisor and his/her management of you?
6. Do you have any suggestions for improvement?
7. Would you recommend this company to a friend? If so, do you have a referral to make?

[ ] Yes [ ] Maybe [ ] No

1. **Additional comments on any of the above questions**:

**Company Representative Employee**

Date: Date: