

# EXIT INTERVIEW

Name:		Department:
Job Title:		Date of Hire:
Termination Date:	Voluntary:	Involuntary:

Why are you leaving?
What did you like most about your job and/or the company?
What did you like least about your job and/or the company?
Did you have a good relationship with your supervisor?
What areas could have been improved?
Are there any additional comments you would like to make?

<b>If you left to take another position, please complete the following:</b>	
Company name:	
Job Title:	Starting Date:
Starting Salary:	
Why did you consider this position more desirable?	

THANK YOU FOR YOUR HONEST RESPONSES

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# EXIT INTERVIEW

## To BE COMPLETED BY EMPLOYEE

NAME:	JOB TITLE:
DEPARTMENT:	EMPLOYEE NO:

NEW EMPLOYER:	JOB TITLE:	
DUTY DESCRIPTION:		
STARTING DATE:	NO. OF HOURS WEEKLY:	SALARY: \$ _____ PER _____
FORWARDING ADDRESS:		

## RESIGNATION

REASON FOR LEAVING  
DISSATISFIED WITH:

<input type="checkbox"/> TYPE OF WORK	<input type="checkbox"/> WORK HOURS	<input type="checkbox"/> CO-WORKERS
<input type="checkbox"/> WORKING ENVIRONMENT	<input type="checkbox"/> SALARY	<input type="checkbox"/> SUPERVISION
<input type="checkbox"/> COMPANY POLICIES	<input type="checkbox"/> _____	<input type="checkbox"/> _____

OR:

<input type="checkbox"/> OFFERED BETTER POSITION	<input type="checkbox"/> RELOCATION	<input type="checkbox"/> MEDICAL REASONS
<input type="checkbox"/> RETURNING TO SCHOOL	<input type="checkbox"/> FAMILY	<input type="checkbox"/> PERSONAL REASONS

COMMENTS:

The following questions are designed to assist us in maintaining a positive work environment. Your comments will be kept confidential and will not affect your future employment opportunities.

Check which best explains your feelings about the aspects of your employment experience.

ASPECTS OF EMPLOYMENT	VERY SATISFIED	SATISFIED	DIS-SATISFIED	VERY DIS-SATISFIED	ASPECTS OF EMPLOYMENT	VERY SATISFIED	SATISFIED	DIS-SATISFIED	VERY DIS-SATISFIED
NATURE OF JOB					SALARY				
USE OF SKILL AND EXPERIENCES					BENEFITS				
PERFORMANCE EVALUATIONS					SUPERVISION				
TRAINING PROGRAMS					WORKING CONDITIONS				
ADVANCEMENT OPPORTUNITIES					OVERALL AS A PLACE TO WORK				

RELATIONSHIP WITH SUPERVISOR:	
Were complaints taken to Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, were they handled? <input type="checkbox"/> Yes <input type="checkbox"/> No
EXPLAIN:	
COMMENTS:	

EMPLOYEE: \_\_\_\_\_ DATE: \_\_\_\_\_

**To BE COMPLETED BY INTERVIEWER**

DATE EMPLOYEE WAS HIRED	EXIT DATE	DATE NOTICE WAS GIVEN
VACATION DAYS USED	VACATION DAYS LEFT	SICK DAYS TAKEN
<b>REASON FOR EMPLOYEE'S DEPARTURE</b> <input type="checkbox"/> DISMISSAL <input type="checkbox"/> MUTUAL AGREEMENT <input type="checkbox"/> PERMANENT LAYOFF <input type="checkbox"/> RESIGNATION <input type="checkbox"/> RETIREMENT <input type="checkbox"/> TEMPORARY LAYOFF <input type="checkbox"/> TRANSFER <input type="checkbox"/> OTHER		

Would you recommend for rehire?     Yes       No

Reason for Dismissal (if applicable)

- |   |  |
|---|--|
| <input type="checkbox"/> Unsatisfied Performance        | <input type="checkbox"/> Unacceptable Conduct        |
| <input type="checkbox"/> Unacceptable Attendance Record | <input type="checkbox"/> Repeated Drug/Alcohol Abuse |
| <input type="checkbox"/> _____                          |  |

**EXPLAIN FURTHER (IF NEEDED)**

YOUR UNDERSTANDING OF EMPLOYEE'S DEPARTURE
COMMENTS ON WORK PERFORMANCE

**CHECKLIST**

	DATE	INITIALS		DATE	INITIALS
NOTIFY PAYROLL			UNEMPLOYMENT INSURANCE		
NOTIFY INSURANCE CARRIER			RETIRE PLAN		
NOTIFY CREDIT UNION			AUTHORIZE RELEASE OF INFORMATION		
RETURN KEYS			VACATION/BENEFIT PAYMENT		
RETURN COMPANY CREDIT CARDS			PROFIT SHARING		
RETURN ENTREE CARD/ I.D. BADGE					
GROUP INSURANCE CONVERSION (COBRA)					
COBRA LETTER					

SUPERVISOR: \_\_\_\_\_ TITLE: \_\_\_\_\_

INTERVIEWER: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

\* If the Exit Interview, after completion, contains information on the medical condition or history of an employee, then it must be maintained in a separate medical file and treated as confidential in accordance with applicable law and regulations.