CONFIDENTIAL EMPLOYEE EXIT INTERVIEW FORM

Security Social Number:		
Supervisor:		
Termination Date:		
Ending Position:		
Ending Salary:		
opriate; if so, circle primary reason.		
Dissatisfaction with salary Dissatisfaction with type of work Dissatisfaction with supervisor Dissatisfaction with co-workers Dissatisfaction with working conditions Dissatisfaction with benefits		
RETIREMENT Voluntary retirement Disability retirement Regular retirement		

PART II: COMMENTS/SUGGESTIONS FOR IMPROVEMENT

We are interested in what our employees have to say about their work experience with us. 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

- 4. How did you feel about the following:
 - Opportunity to use your abilities
 - Recognition for the work you did
 - Training you received
 - Your supervisor's management methods
 - The opportunity to talk with your supervisor
 - The information you received on policies, programs, projects and problems
 - The information you received on departmental structure
 - Promotion policies and practices
 - Discipline policies and practices
 - Job transfer policies and practices
 - Overtime policies and practices
 - Performance review policies and practices
 - Physical working conditions

Very Satisfied	Slightly Satisfied	Neutral	Slightly Dissetisfied	Very Dissatisfied
Saustieu	Saustieu	Neutrai	Dissaustieu	Dissaustieu

COMMENTS:		
5. a) If you are taking another job, wh	at kind of work will you be doi	ng?
b) What has your new place of emp	loyment offered you that is mo	ore attractive than your present job?
6. Could we have made any improvem	ents that might have influenced	I you to stay on the job?
Other remarks (optional):		
Employee's Signat	ure	Date
DO NOT WRITE BELOW THIS LIN	NE. OFFICE USE ONLY.	
 () Discussed with employee () Right to file for unemployment to the conversion of benefits () If retiring, state option for payments 		
Interviewer's Signatur	<u> </u>	 Date