

CONFIDENTIAL
EMPLOYEE EXIT INTERVIEW FORM

Date: _____

Name: _____ Security Social Number: _____

Location/Department: _____ Supervisor: _____

Hire Date: _____ Termination Date: _____

Starting Position: _____ Ending Position: _____

Starting Salary: _____ Ending Salary: _____

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

COMMENTS:

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 we 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.

Discussed with employee

Right to file for unemployment benefits

Conversion of benefits

If retiring, state option for payment of unused leave _____

Interviewer's Signature

Date