

COMPANY NAME EXIT INTERVIEW

Employee	Department
Job Title	Supervisor
Date Employed	Date Terminated

Do you feel you understood what your job duties and responsibilities entailed **before** you began employment?
 Yes No. If no, please explain.

Did you understand your performance expectations **when** you began employment?
 Yes No. If no, please explain.

Were your personal expectations regarding employment met?
 Yes No. If no, please explain.

Were you appropriately oriented to the University and your current department?
 Yes No. If no, please explain.

Did anyone train or instruct you on how to perform your job duties?
 Yes If yes, please rate or assess the quality of your training. Excellent Good Fair Poor
 No. If no, please explain how you learned to perform your job.

If you have another position, will you be doing the same/similar work?
 Yes No. If no, what kind of work will you be doing?

What did you like most about working here?

- | | | |
|---|---|--|
| <input type="checkbox"/> Type of work | <input type="checkbox"/> Compensation | <input type="checkbox"/> Working conditions |
| <input type="checkbox"/> Co-workers | <input type="checkbox"/> Supervisor | <input type="checkbox"/> It was an advancement opportunity |
| <input type="checkbox"/> New career path | <input type="checkbox"/> Benefits | <input type="checkbox"/> It was a foot in the door |
| <input type="checkbox"/> Education assistance | <input type="checkbox"/> Co. reputation | <input type="checkbox"/> Other; explain _____ |

What did you like least about working here?

- | | | |
|---|---|---|
| <input type="checkbox"/> Type of work | <input type="checkbox"/> Compensation | <input type="checkbox"/> Working conditions |
| <input type="checkbox"/> Co-workers | <input type="checkbox"/> Supervisor | <input type="checkbox"/> Lack of recognition |
| <input type="checkbox"/> New career path | <input type="checkbox"/> Benefits | <input type="checkbox"/> Business direction |
| <input type="checkbox"/> Education assistance | <input type="checkbox"/> Co. reputation | <input type="checkbox"/> Other; explain _____ |

What did you like most about your position?

- | | | |
|---|---|---|
| <input type="checkbox"/> Type of work | <input type="checkbox"/> Compensation | <input type="checkbox"/> Working conditions |
| <input type="checkbox"/> Co-workers | <input type="checkbox"/> Supervisor | <input type="checkbox"/> Lack of recognition |
| <input type="checkbox"/> New career path | <input type="checkbox"/> Benefits | <input type="checkbox"/> Business direction |
| <input type="checkbox"/> Education assistance | <input type="checkbox"/> Co. reputation | <input type="checkbox"/> Other; explain _____ |

What did you like least about your position?

- | | | |
|---|---|---|
| <input type="checkbox"/> Type of work | <input type="checkbox"/> Compensation | <input type="checkbox"/> Working conditions |
| <input type="checkbox"/> Co-workers | <input type="checkbox"/> Supervisor | <input type="checkbox"/> Lack of recognition |
| <input type="checkbox"/> New career path | <input type="checkbox"/> Benefits | <input type="checkbox"/> Business direction |
| <input type="checkbox"/> Education assistance | <input type="checkbox"/> Co. reputation | <input type="checkbox"/> Other; explain _____ |

How do you feel about the supervision/guidance you received in your position?

Excellent Great Good Fair Poor If poor, what was the source of your dissatisfaction?

Were you and your supervisor able to work effectively together?

Yes No Somewhat Please elaborate on your response.

Did you get quality and timely feedback and recognition from your supervisor?

Yes No Sometimes Please elaborate on your response.

Is there anything your supervisor could have done to make your job easier & to help you in your job?

Yes No Please elaborate on your response.

How would you rate the physical working conditions in your department in which you worked?

Excellent Great Good Fair Poor If poor, what was the source of your dissatisfaction?

Is the decision to leave your current position/the University influenced by any of the following? Please check all that apply.

- | | | |
|--|---|---|
| <input type="checkbox"/> Better Job Opportunity | <input type="checkbox"/> Family Circumstances | <input type="checkbox"/> Relocation Out of State |
| <input type="checkbox"/> Type of Work/Job | <input type="checkbox"/> Self-Employment | <input type="checkbox"/> Conflict with Other Employee(s) |
| <input type="checkbox"/> Physical Illness or Condition | <input type="checkbox"/> Rate of Pay | <input type="checkbox"/> Joined the Military |
| <input type="checkbox"/> Traveling Distance | <input type="checkbox"/> Return to School | <input type="checkbox"/> Dissatisfied with Working Conditions |
| <input type="checkbox"/> Supervision | <input type="checkbox"/> Other | |

What main two factors contributed to your decision to leave your position? Please explain.

Could anything have been done to prevent your departure?

Yes No If not, please indicate why.

Before making your decision to leave, did you investigate options that might enable you to stay?

Yes No Somewhat If not, please indicate why.

Did you seek career advancement while employed at the University?

Yes No If not, please indicate why.

Would you consider working at the University again, if the right position were available?

Yes No If not, please indicate why.

If there is anything you could suggest to the Dept./Div. manager to improve the management, organization and functioning of the Dept./Div., what would it be?

Do you feel there are services or assistance Human Resources Services should provide that are not currently available?
 Yes No If yes, please elaborate on your response.

How did you feel about the following employee benefits?

	<u>Excellent</u>	<u>Great</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
Holidays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vacation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sick Leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training & Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If poor, what benefits were the source of your dissatisfaction and why? Please explain.

How would you rate your overall satisfaction with your employment in (Dept) or at the University?

Excellent Great Good Fair Poor If poor, what were you dissatisfied with and why? Explain.