

Termination: Exit Interview Questionnaire

We would appreciate you taking about 8-10 minutes to answer the following questions as honestly as possible. Your individual responses are treated as confidential, and will not become part of your personnel file.

We believe that the information is of vital importance and will assist in analyzing our employee retention and turnover. Thank you for your cooperation!

Name	Start Date
Department	Termination Date
Position	Manager

What prompted you to seek alternative employment?

<input type="checkbox"/> Type of Work	<input type="checkbox"/> Quality of Supervision
<input type="checkbox"/> Compensation	<input type="checkbox"/> Work Conditions
<input type="checkbox"/> Lack of Recognition	<input type="checkbox"/> Family Circumstances
<input type="checkbox"/> Company Culture	<input type="checkbox"/> Career Advancement Opportunity
<input type="checkbox"/> Business/Product Direction	<input type="checkbox"/> Other: _____

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

Yes No If "yes", describe: _____

What did you think of your supervision in regards to the following?

	Almost always	Sometimes	Never	Comments
Demonstrated fair and equal treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Provided recognition on the job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Developed cooperation and teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Encouraged/listened to suggestions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Resolved complaints and problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Followed policies and practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

How would you rate the following in relation to your job?

	Excellent	Good	Fair	Poor	Comments
Cooperation within your department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cooperation with other departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communications in your department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communications within the company as a whole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communications between you and your manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Morale in your department?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Job Satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Training you received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Growth Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Was your workload usually:

- Too great
- Varied, but all right
- About right
- Too light

How did you feel about your salary and the employee benefits?

	Excellent	Good	Fair	Poor	Comments
Base Salary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medical Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dental Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vision Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
401K Plan	<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"/>	
Paid-time-off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
STD/LTD Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Stock Options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bonus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (additional perks, etc...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Are there any other benefits you feel should have been offered?

Yes No

If "Yes", what?

Any other comments on benefits? _____

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Yes No If "yes", describe: _____

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401K Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Bonus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (additional perks, etc...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Are there any other benefits you feel should have been offered?

Yes No

If "Yes", what?

Any other comments on benefits? _____

How frequently did you get performance feedback?

What were your feelings about the performance review process?

How frequently did you have discussions with your manager about your career goals?

What did you like most about your job and/or this company?

What did you like least about your job and/or this company

What does your new job offer that your job with this company does not?

Why is the new job/company better?

Do you have any suggestions for improvement? Have you raised them in the past?

Would you recommend this company to a friend as a place to work?

Yes, without reservations Yes, with reservations No

Additional comments about your job or this company
