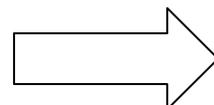


Exit Interview Questionnaire

Please take a few moments to complete this form. Your responding is voluntary, and very much appreciated. Please accept our best wishes for success in your future endeavors.

Name:	Termination Date:
Title:	Supervisor:
Reason for Leaving: (What prompted you to seek alternative employment?)	
<input type="checkbox"/> Better Job Opportunity <input type="checkbox"/> Conflict with Supervisor <input type="checkbox"/> Lack of Recognition <input type="checkbox"/> Different Type of Work <input type="checkbox"/> Rate of Pay/Compensation	<input type="checkbox"/> Working Conditions <input type="checkbox"/> Company Culture <input type="checkbox"/> No Career Advancement <input type="checkbox"/> Retirement: <input type="checkbox"/> Other
Rate your supervisor on the following: (using a scale of 1 to 5, with 5 being the highest)	Rate how you feel about your rate of pay and the employee benefits provided. (using a scale of 1 to 5, with 5 being the highest)
Followed Policies and Practices _____ Treated Employees Fairly _____ Provided Recognition on the job _____ Effectively Resolved Complaints & Problems _____ Encouraged and Listened to Suggestions _____ Encouraged Job Training _____ COMMENTS: _____	Rate of Pay for Your Position _____ Paid Holidays _____ Paid Vacation Days _____ Retirement Plan _____ Medical/Dental Plan _____ Paid Sick Leave Plan _____ COMMENTS: _____
How would you rate the following in relation to your job? (using a scale of 1 to 5, with 5 being the highest)	What do you think of the following in your department? (using a scale of 1 to 5, with 5 being the highest)
Communication within Your Department _____ Communication within the Institution _____ Communication with Your Manager _____ Cooperation within Your Department _____ Training You Received _____ Opportunity for Advancement _____ COMMENTS: _____	Teamwork in Your Department _____ Cooperation with other Departments _____ Communications _____ Working Conditions _____ Work Schedule _____ Quality of Supervision _____ COMMENTS: _____



Please Answer the Following:

Could your Supervisor have done a better job? Yes No
If yes, please explain:

Your workload was usually: Too Great About Right Too Light
Comments:

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

What did you like most about your position?

What did you like least about your position?

Before deciding to leave, did you check into options that would enable you to stay?
 Y N
If yes, describe:

Additional comments about your job, department, or the Institution:

Would you recommend the Institution to a friend as a place to work? Y N
If no, please explain:

Employee Signature:

Date:

Reviewer Signature:

Date: