

Employee Exit Interview Form

Employee Name _____

Date of Interview: _____

Last Day of Employment: _____ DEPARTMENT: _____

I would appreciate it if you would take a few minutes to respond to the questions below. All answers will be held in strict confidence. Thank you.

How long were you employed? _____ Job Title? _____

Why are you leaving? _____

If moving, need forwarding address for tax documentation, cobra, etc. _____

Would you describe your working relationship (with respect to both your particular job and your relationship with fellow workers) as pleasant or unpleasant? What did you like least about working here? What did you like about working here?

Do you feel that your particular job was important and significant in the overall operation of the business? Do you feel you were treated fairly while at the University?

How did you feel about your chances for advancement? _____

Is there any problem that you know about (or heard) concerning the University? _____

Are there any particular or working conditions that either led to your decision to resign or that you feel are detrimental to a satisfactory working relationship? If so, have you any suggestions on how to eliminate them?

Are there any particular practices or working conditions that you feel are particularly beneficial to an effective working relationship and that should be maintained? What changes would have to take place for you to come back?

Rate your Manager on the following:

| | Always | Usually | Sometimes | Never |
|--|--------|---------|-----------|-------|
| Follow policies & procedures | | | | |
| Treats employees in a fair and equal way | | | | |
| Provides recognition for a job well done | | | | |
| Resolves complaints and problems | | | | |
| Gives needed information | | | | |
| Keeps employees busy | | | | |
| Knows his/her job well | | | | |
| Welcomes suggestions | | | | |
| Maintains discipline | | | | |

What do you think of the following in your department?

| | Excellent | Good | Fair | Poor |
|--|-----------|------|------|------|
| Cooperation/teamwork in the department | | | | |
| Cooperation with other departments | | | | |
| Department training and OTJ training | | | | |
| Communications | | | | |
| Working Conditions | | | | |
| Work Schedule | | | | |

How do you feel about the following?

| | Excellent | Good | Fair | Poor |
|------------------------------|-----------|------|------|------|
| Rate of Pay for your job | | | | |
| Amount of paid leave accrual | | | | |
| Health Insurance program | | | | |
| Tuition Assistance program | | | | |
| Retirement Plan | | | | |

Clearance Information (To be completed by HR)

- COBRA Information (will be supplied by different vendors)
- Keys
- ID Badge
- Personnel Release form turned in
- Written Resignation
- Other

ACKNOWLEDGEMENT OF CORPORATE COMPLIANCE RESPONSIBILITIES

I have no knowledge of any violation of the law or any corporate policies or standards of conduct by me or any other employees while I have been employed at the University. If I recall any suspected violations in the future, I will immediately report them to the Compliance Officer.

Would you care to make any other comments?

Signed: _____

Date: _____