

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: _____