**Exit Interview Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Date: |  |
| Interviewer: |  | Supervisor: |  |
| Position: |  | Department: |  |
| Hire Date: |  | Termination Date: |  |

Please check how the following issues played in your decision to leave our company.

|  |  |  |
| --- | --- | --- |
|  | Primary | Secondary |
| Secured a higher-paying job | ☐ | ☐ |
| Secured a more interesting job | ☐ | ☐ |
| Leaving the workforce | ☐ | ☐ |
| Hours conflicting with other commitments | ☐ | ☐ |
| Issues with Supervisors | ☐ | ☐ |
| Disliked the work | ☐ | ☐ |
| Disliked the environment | ☐ | ☐ |
| Transportation problems | ☐ | ☐ |
| Expectation of workers too high | ☐ | ☐ |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ | ☐ |

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| --- |
| What did you like most about your job? |
|  |
| What did you like least about your job? |
|  |
| Did you feel we trained you properly for your current position? |
|  |
| Did we offer you an opportunity for advancement? |
|  |
| Was your last supervisor fair and reasonable in their expectations? |
|  |
| Do you feel your contributions were appreciated? |
| Your supervisor |
| The organization |
| Your co-workers |
|  |
| Did you have the necessary equipment to perform your job? |
|  |
| Were you satisfied with the overall benefits program provided? If not, what should we have offered? |
|  |
| What suggestions do you have for improvements? |
|  |
| Are there changes we could have made to maintain your relationship with us? |
|  |
| Who may we thank for making your time with us a positive one? |
|  |
| Would you like to be considered for employment with us again if an opportunity should arise? |
|  |
| Other comments? |
|  |