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| --- | --- | --- | --- |
| **Exit Interview Form** | | | |
|  | | | |
| Employee Name |  | Job Title |  |
| Start Date |  | Last Date of Employment |  |
| Manager’s Name |  | Manager’s Position |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Please identify the reason(s) for initially seeking and accepting a position here: | | | | | | | | | | |
|  | **QUESTION** | **TICK** | **PLEASE PROVIDE FURTHER DETAILS** | | | | | | |  |
|  | Pay |  |  | | | | | | |  |
|  | Benefits |  |  | | | | | | |  |
|  | Location |  |  | | | | | | |  |
|  | Reputation of the Company |  |  | | | | | | |  |
|  | Career Change |  |  | | | | | | |  |
|  | Job Responsibilities |  |  | | | | | | |  |
|  | Working hours/Flexibility |  |  | | | | | | |  |
|  | Other: |  |  | | | | | | |  |
|  | | | | | | | | | | |
| 1. Have your feelings changed? | | Yes  No | | Why? | | | | | | |
| 1. Did you understand the job expectations when you started? | | Yes  No | | Why? | | | | | | |
| 1. Did you receive sufficient training to meet those expectations? | | Yes  No | | Why? | | | | | | |
| 1. Did you know how or where to get information you needed to succeed in your job? | | Yes  No | | Why? | | | | | | |
| 1. What did you find to be the most satisfying/enjoyable about your experience with us? | |  | | | | | | | | |
| 1. What did you find to be least satisfying/enjoyable about your experience with us? | |  | | | | | | | | |
| 1. How would you rate the following aspects of your employment here? [Amend as appropriate] | | | | | | | | | | |
|  | Area | | | | | **Excellent** | **Good** | **Fair** | **Poor** |  |
|  | Opportunity for promotion | | | | |  |  |  |  |  |
|  | Performance Appraisals | | | | |  |  |  |  |  |
|  | Working Conditions | | | | |  |  |  |  |  |
|  | Your Salary | | | | |  |  |  |  |  |
|  | Holidays | | | | |  |  |  |  |  |
|  | Other Company Benefits | | | | |  |  |  |  |  |
|  | Feeling of Belonging | | | | |  |  |  |  |  |
|  | Internal Communications | | | | |  |  |  |  |  |
|  | Access to Appropriate Resources | | | | |  |  |  |  |  |
|  | | | | | | | | | | |
| 1. Please provide any constructive feedback you feel would be beneficial towards improving the effectiveness of us as a good employer. | |  | | | | | | | | |
| 1. What would make you interested in returning to work here? | |  | | | | | | | | |
| 1. Do you feel that your particular job was important to the overall operation of the business? | | Yes  No | | | Why? | | | | | |
| 1. How would you rate your manager in the following areas? [amend as appropriate] [ | | | | | | | | | | |
|  | Area | | | | | **Excellent** | **Good** | **Fair** | **Poor** |  |
|  | Demonstrates Fair and Equal Treatment | | | | |  |  |  |  |  |
|  | Provides Appropriate Recognition | | | | |  |  |  |  |  |
|  | Resolves Complaints / Difficulties in Timely Fashion | | | | |  |  |  |  |  |
|  | Follows Policy & Procedures | | | | |  |  |  |  |  |
|  | Informs staff of Matters Relating to Work | | | | |  |  |  |  |  |
|  | Encourages Feedback | | | | |  |  |  |  |  |
|  | Is Knowledgeable in Their Own Job | | | | |  |  |  |  |  |
|  | Expresses Instructions Clearly | | | | |  |  |  |  |  |
|  | Develops Cooperation | | | | |  |  |  |  |  |
|  | | | | | | | | | | |
| 1. If you came back to work for us would you work for the same manager? | | Yes  No | | |  | | | | | |
| 1. How would you rate your own performance on the job? | |  | | | | | | | | |
| 1. Which of the following methods did you use to search for a new position (tick all that apply as appropriate)? | | | | | | | | | | |
|  | Advertisements |  | Where? | | | | | | |  |
|  | Recruitment Consultants |  |  | | | | | | |  |
|  | Personal contacts |  |  | | | | | | |  |
|  | Client contact |  |  | | | | | | |  |
|  | Other: |  |  | | | | | | |  |
|  | | | | | | | | | | |
| 1. Are you leaving for a similar job? How is your new job different from your old one? | | Yes  No | | |  | | | | | |
| 1. Are you staying in the same industry? | | Yes  No | | |  | | | | | |
| 1. What part does salary play in your decision to leave? | |  | | | | | | | | |
| 1. What made you begin looking for another position? | |  | | | | | | | | |
| 1. What is your primary reason for leaving? | | | | | | | | | | |
|  | Pay |  |  | | | | | | |  |
|  | Benefits |  |  | | | | | | |  |
|  | Location |  |  | | | | | | |  |
|  | Supervision |  |  | | | | | | |  |
|  | Career Change |  |  | | | | | | |  |
|  | Job Fit |  |  | | | | | | |  |
|  | Working hours/Flexibility |  |  | | | | | | |  |
|  | Other: |  |  | | | | | | |  |
|  | | | | | | | | | | |
| 1. If you used recruitment consultants, which ones did you find the most useful? | |  | | | | | | | | |
| 1. What could we have done to prevent you from leaving? | |  | | | | | | | | |
| 1. What does the job you are going to offer you that your job here did not? | |  | | | | | | | | |
| 1. Any Other Feedback / Comments / Suggestions? | |  | | | | | | | | |

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| --- | --- | --- | --- |
| Employee Name: |  | Director Name: |  |
| Signature: |  | Signature: |  |
| Date: |  | Date: |  |