

EMPLOYEE EXIT INTERVIEW FORM



PERSONAL INFORMATION

Date:

Name:

Location/Department:

Supervisor:

Hire Date:

Termination Date:

Starting Position:

Ending Position:

REASON(S) FOR LEAVING

More than one reason may be given if appropriate.

RESIGNATION:

- | | |
|---|--|
| ☐ Took another position | ☐ Dissatisfaction with salary |
| ☐ Pregnancy, home, and/or family needs | ☐ Dissatisfaction with type of work |
| ☐ Poor health and/or physical disability | ☐ Dissatisfaction with supervisor |
| ☐ Relocation to another city | ☐ Dissatisfaction with co-workers |
| ☐ Travel difficulties | ☐ Dissatisfaction with working conditions |
| ☐ To attend school | ☐ Dissatisfaction with benefits |
| ☐ Other (specify): <input type="text"/> | |

LAID OFF:

- | | |
|--|--|
| ☐ Lack of work | ☐ Voluntary retirement |
| ☐ Abolition of position | ☐ Disability retirement |
| ☐ Lack of funds | ☐ Regular retirement |
| ☐ Other (specify): <input type="text"/> | |

RETIREMENT:

Plans After Leaving:

What did you like most about your job?

What did you like least about your job?

How did you feel about your pay and benefits?	Excellent	Good	Fair	Poor
Rate of pay for your job	☐	☐	☐	☐
Paid holidays	☐	☐	☐	☐
Paid vacations	☐	☐	☐	☐
Retirement plan	☐	☐	☐	☐
Medical coverage for self	☐	☐	☐	☐
Medical coverage for dependents	☐	☐	☐	☐
Life insurance	☐	☐	☐	☐
Sick leave	☐	☐	☐	☐
How did you feel about the following:	Very satisfied	Slightly Satisfied	Neutral	Very dissatisfied
Opportunity to use your abilities	☐	☐	☐	☐
Recognition of the work you did	☐	☐	☐	☐
Training you received	☐	☐	☐	☐
Your supervisor's management methods	☐	☐	☐	☐
The opportunity to talk with your supervisor	☐	☐	☐	☐
The information you received on policies, programs, projects and problems	☐	☐	☐	☐
The information you received on departmental structure	☐	☐	☐	☐
Promotion policies and practices	☐	☐	☐	☐
Discipline policies and practices	☐	☐	☐	☐
Job transfer policies and practices	☐	☐	☐	☐
Overtime policies and practices	☐	☐	☐	☐
Performance review policies and practices	☐	☐	☐	☐
Physical working conditions	☐	☐	☐	☐

COMMENTS

If you are taking another job, what kind of work will you be doing?

What has your new place of employment offered you that is more attractive than your present job?

Could the Wyandanch Union Free School District have made any improvements that might have influenced you to stay on the job?

Other remarks (optional):

EMPLOYEE AFFIRMATION

I certify that all property of the Wyandanch Union Free School District has been returned.

Employee's Signature:

Date: