

CLIENT NAME _____ DATE _____
 EMPLOYEE NAME _____ SS # _____
 HIRE DATE _____ TERMINATION DATE _____
 DEPARTMENT _____ POSITION _____
 STARTING SALARY _____ ENDING SALARY _____

SECTION I – REASON(S) FOR LEAVING

RESIGNATION

- Took another position
- Pregnancy/home/family needs
- Poor health/physical disability
- Relocation to another city
- Travel difficulties
- To attend school
- No response to recall from layoff
- Dissatisfaction with type of work
- Dissatisfaction with supervisor
- Dissatisfaction with co-workers
- Dissatisfaction with working conditions
- Failure to return from leave of absence
- Work hours/job changed
- Other (specify):

L A I D O F F

- Lack of work
- Plant/facility closure
- Job elimination
- Lack of Funds

D I S C H A R G E

- Absenteeism
- Failed evaluation period
- Violation of rules, policies, etc.
- Unsatisfactory work performance
- Tardiness
- Violation of policies/rules
- Insubordination
- Disregard for co-workers/customers/clients
- Other (specify):

R E T I R E M E N T

- Voluntary Retirement
- Compulsory Retirement

EMPLOYEE COMMENTS

SECTION II – COMMENTS/ SUGGESTIONS FOR IMPROVEMENT

We are interested in what exiting employees have to say about their work experience with this company. All information will be held in confidence.

1. What did you like most about the company? _____
2. What did you like least about the company? _____
3. What did you like most about your job? _____
4. What did you like least about your job? _____

How did you feel about the following:

	EXCELLENT	GOOD	FAIR	POOR
Rate of pay for your job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paid holidays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paid vacations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retirement plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical coverage for self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical coverage for dependents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other insurance coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sick Leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How did you feel about the following:

	VERY SATISFIED	SLIGHTLY SATISFIED	NEUTRAL	SLIGHTLY DISSATISFIED	VERY DISSATISFIED
Opportunity to use your abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognition for the work you did	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training you received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your supervisor's management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication you received about projects, policies, and/or programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Company policy and/or structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promotion policies and practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discipline policies and practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overtime policies and practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance review policies and practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical working conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity to use your abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EMPLOYEE SIGNATURE _____ **DATE** _____

PRINTED NAME _____