



EXIT INTERVIEW FORM

Employee Name: _____	Department: _____
Supervisor: _____	Separation Date: _____
Position Held: _____	Date: _____

PART 1 – REASON FOR LEAVING EMPLOYMENT:

RESIGNATION (please check all that apply, circle primary reason and explain):

- | | |
|--|---|
| <input type="checkbox"/> Took another position | <input type="checkbox"/> Dissatisfaction with supervisor/management |
| <input type="checkbox"/> Home/Family needs | <input type="checkbox"/> Dissatisfaction with type of work |
| <input type="checkbox"/> Relocation to another area | <input type="checkbox"/> Dissatisfaction with working conditions |
| <input type="checkbox"/> Poor health-physical problems | <input type="checkbox"/> Dissatisfaction with salary |
| <input type="checkbox"/> To attend school | <input type="checkbox"/> Other |

Explanation: _____

LAI D OFF

- Lack of work
- Position eliminated
- Financial

RETIREMENT

- Voluntary retirement
- Compulsory retirement

DISCHARGED

- | | |
|--|--|
| <input type="checkbox"/> Violation of policies | <input type="checkbox"/> Tardiness/Excessive Absenteeism |
| <input type="checkbox"/> Unsatisfactory work performance | <input type="checkbox"/> Dishonesty/Stealing |
| <input type="checkbox"/> Insubordination | <input type="checkbox"/> Controlled substance abuse |
| <input type="checkbox"/> Other (specify) _____ | |

PART II – COMMENTS AND SUGGESTIONS

What did you enjoy most about your job? _____

What did you like least about your job? _____

How did you feel about the benefits that were offered? _____

	Excellent	Good	Fair	Poor
Rate of pay	_____	_____	_____	_____
Paid holidays	_____	_____	_____	_____
Annual Leave/Sick Leave Accrual	_____	_____	_____	_____
Retirement plan	_____	_____	_____	_____
Medical/Dental coverage	_____	_____	_____	_____
Life insurance	_____	_____	_____	_____

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PART II – COMMENTS AND SUGGESTIONS CONTINUED:

How do you feel about the following:

	Very Satisfied	Slightly Satisfied	Neutral	Slightly Dissatisfied	Very Dissatisfied
Opportunity to use your abilities	_____	_____	_____	_____	_____
Recognition of the work you did	_____	_____	_____	_____	_____
Training you received	_____	_____	_____	_____	_____
Supervisor’s management method	_____	_____	_____	_____	_____
Communication with supervisor	_____	_____	_____	_____	_____
Information on policies	_____	_____	_____	_____	_____
Disciplinary policies	_____	_____	_____	_____	_____
Leave policies	_____	_____	_____	_____	_____
Performance reviews	_____	_____	_____	_____	_____

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

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

Could Pulaski County have made any improvements that might have influenced you to stay on the job?

Other Comments: _____

Interviewers Signature

Title

Date

Employee Signature

Employee (Please Print)

Date