

# EXIT QUESTIONNAIRE

WE WOULD SINCERELY APPRECIATE YOUR OPINIONS ABOUT OUR ORGANIZATION. THIS SURVEY PROVIDES YOU AN OPPORTUNITY TO PROVIDE YOUR IDEAS AND OPINIONS. THEY ARE VERY IMPORTANT AND WE ARE EAGER TO CONSIDER THEM. THANK YOU FOR YOUR TIME IN ANSWERING THIS QUESTIONNAIRE.

NAME \_\_\_\_\_ JOB TITLE \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_ HIRE / REHIRE DATE \_\_\_\_\_ TERMINATION DATE \_\_\_\_\_

**1** Please check any of the following which affected your decision to leave our organization.

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Poor supervision | <input type="checkbox"/> Didn't like type of work | <input type="checkbox"/> Family problems             | <input type="checkbox"/> Moving from area |
| <input type="checkbox"/> Low rate of pay  | <input type="checkbox"/> Harrassment              | <input type="checkbox"/> Wanted full-time employment | <input type="checkbox"/> Health problems  |
| <input type="checkbox"/> No advancement   | <input type="checkbox"/> Too much overtime        | <input type="checkbox"/> Hostile work environment    | <input type="checkbox"/> U.S. Military    |
| <input type="checkbox"/> Seek better Job  | <input type="checkbox"/> Too little overtime      | <input type="checkbox"/> Retirement                  | <input type="checkbox"/> Other            |

Please give ALL reasons for termination:

**2** How would you rate your supervisor?

Always                      Usually                      Sometimes                      Never

- |  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Gave direction necessary for me to do my job effectively | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Demonstrated fair treatment of employees                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Developed cooperation                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Communicated well with everyone                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Resolved my complaints and problems                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Available and willing to listen                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Gave praise when earned                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Willing to consider recommendations                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

**3** Please answer each of the following:

Yes                      No

- |   |                          |                          |
|---|--------------------------|--------------------------|
| Did the job(s) given to you match your interests, prior work experience and training? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you ever become injured or ill on the job?  | <input type="checkbox"/> | <input type="checkbox"/> |
| If so, did you seek treatment for the injury/illness?                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Date injury/illness reported to your supervisor? _____                                |                          |                          |
| Were you kept informed about policies and developments?                               | <input type="checkbox"/> | <input type="checkbox"/> |
| Would you encourage a friend to seek employment here?                                 | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

**4** Was your workload normally:

- Too Great                       Too Light                       About Right                       Varied

Comments:

**5** Opportunities for advancement were:

Excellent                       Good                       Fair                       Poor

Comments:

**6** How would you rate the following points about your job or department?

	Excellent	Good	Fair	Poor
Cooperation within department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation with other departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-the-job-training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Challenging job assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment provided	<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"/>
Safety record of your department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal recognition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

**7** How would you rate our personnel policies and employment practices?

Excellent                       Good                       Fair                       Poor                       Didn't understand program

Comments:

**8** How would you rate our pay practices?

Excellent                       Good                       Fair                       Poor                       Didn't understand program

Comments:

**9** How would you rate your fringe benefits?

Excellent                       Good                       Fair                       Poor                       Didn't understand program

Comments:

**Additional Comments**

Signature: \_\_\_\_\_ Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Location: \_\_\_\_\_ Years Employed: \_\_\_\_\_