

DATE _____

COMPANY NAME _____
EMPLOYEE NAME _____ POSITION _____
DATE OF HIRE _____ TERMINATION DATE _____

PART 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):

LAY OFF

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

DISCHARGE

- 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):

RETIREMENT

- Voluntary Retirement
- Compulsory Retirement

GENERAL COMMENTS ABOUT LEAVING THE COMPANY

PART II – COMMENTS/ SUGGESTIONS FOR IMPROVEMENT

We are interested in what you have to say about your 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? _____

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
5. How did you feel about the following:				
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"/>

	<u>Very Satisfied</u>	<u>Slightly Satisfied</u>	<u>Neutral</u>	<u>Slightly Dissatisfied</u>	<u>Very Dissatisfied</u>
6. How did you feel about the following					
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 about company projects,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication about company policies	<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 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"/>

ADDITIONAL COMMENTS _____

EMPLOYEE SIGNATURE _____ **DATE** _____

PRINTED NAME _____