

Employee Exit Interview Template

1. What is your primary reason for leaving?

- I am dissatisfied with my job
- Medical/health reasons
- Other employment
- Personal reasons
- Lack of child care - can't afford child care
- Other (please specify)
- Transportation issues
- I am relocating
- I am retiring
- End of temporary position
- Military

2. If you are leaving due to dissatisfaction with your current role and/or you have accepted another job offer, please note the reasons for accepting your new position and/or job dissatisfaction. (Please choose all that apply)

- Management
- Co-Worker
- Salary or wage
- Lack of training
- Live/work balance
- Other (please specify)
- Benefits
- Recognition or appreciation
- Communication
- Position

3. How effectively did you feel your skills were put to use here?

- | | |
|---|--|
| <input type="radio"/> Extremely effectively | <input type="radio"/> Not so effectively |
| <input type="radio"/> Very effectively | <input type="radio"/> Not at all effectively |
| <input type="radio"/> Somewhat effectively | |

4. How easy was it to get the resources you needed to do your job well at this company?

- | | |
|--------------------------------------|---------------------------------------|
| <input type="radio"/> Extremely easy | <input type="radio"/> Not so easy |
| <input type="radio"/> Very easy | <input type="radio"/> Not at all easy |
| <input type="radio"/> Somewhat easy | |

5. How helpful was your position here in stimulating your professional growth?

- | | |
|---|--|
| <input type="radio"/> Extremely helpful | <input type="radio"/> Not so helpful |
| <input type="radio"/> Very helpful | <input type="radio"/> Not at all helpful |
| <input type="radio"/> Somewhat helpful | |

6. How well were you paid for the work you did at this company?

- | | |
|--------------------------------------|---------------------------------------|
| <input type="radio"/> Extremely well | <input type="radio"/> Not so well |
| <input type="radio"/> Very well | <input type="radio"/> Not at all well |
| <input type="radio"/> Somewhat well | |

7. Overall, how fairly were you treated?

- | | |
|--|---|
| <input type="radio"/> Extremely fairly | <input type="radio"/> Not so fairly |
| <input type="radio"/> Very fairly | <input type="radio"/> Not at all fairly |
| <input type="radio"/> Somewhat fairly | |

8. How often did you feel your contributions were recognized?

- Always
- Most of the time
- About half the time
- Once in a while
- Never

9. How clear were the expectations that were set for you?

- Extremely clear
- Very clear
- Somewhat clear
- Not so clear
- Not at all clear

10. How realistic were the expectations that were set for you?

- Extremely realistic
- Very realistic
- Somewhat realistic
- Not so realistic
- Not at all realistic

11. How reasonable were the decisions made by your supervisor?

- Extremely reasonable
- Very reasonable
- Somewhat reasonable
- Not so reasonable
- Not at all reasonable

12. How often did your supervisor listen to employees' opinions when making decisions?

- Extremely often
- Very often
- Somewhat often
- Not so often
- Not at all often

13. How comfortable did you feel voicing your opinions?

- | | |
|---|--|
| <input type="radio"/> Extremely comfortable | <input type="radio"/> Not so comfortable |
| <input type="radio"/> Very comfortable | <input type="radio"/> Not at all comfortable |
| <input type="radio"/> Somewhat comfortable | |

14. How well did your supervisor treat you?

- | | |
|--------------------------------------|---------------------------------------|
| <input type="radio"/> Extremely well | <input type="radio"/> Not so well |
| <input type="radio"/> Very well | <input type="radio"/> Not at all well |
| <input type="radio"/> Somewhat well | |

15. How well did the members of your team work together?

- | | |
|--------------------------------------|---------------------------------------|
| <input type="radio"/> Extremely well | <input type="radio"/> Not so well |
| <input type="radio"/> Very well | <input type="radio"/> Not at all well |
| <input type="radio"/> Somewhat well | |

16. In a typical week, how often did you feel stressed at work?

- | | |
|---------------------------------------|--|
| <input type="radio"/> Extremely often | <input type="radio"/> Not so often |
| <input type="radio"/> Very often | <input type="radio"/> Not at all often |
| <input type="radio"/> Somewhat often | |

17. How difficult was it for you to balance your work life and personal life while working here?

- | | |
|---|--|
| <input type="radio"/> Extremely difficult | <input type="radio"/> Not so difficult |
| <input type="radio"/> Very difficult | <input type="radio"/> Not at all difficult |
| <input type="radio"/> Somewhat difficult | |

18. Was your employer's health insurance plan better or worse than those of other employers?

- | | |
|---------------------------------------|--------------------------------------|
| <input type="radio"/> Much better | <input type="radio"/> Slightly worse |
| <input type="radio"/> Somewhat better | <input type="radio"/> Somewhat worse |
| <input type="radio"/> Slightly better | <input type="radio"/> Much worse |
| <input type="radio"/> About the same | |

19. How safe did you feel at your employer's workplace?

- | | |
|--------------------------------------|---------------------------------------|
| <input type="radio"/> Extremely safe | <input type="radio"/> Not so safe |
| <input type="radio"/> Very safe | <input type="radio"/> Not at all safe |
| <input type="radio"/> Somewhat safe | |

20. Overall, how comfortable did you find your work environment?

- | | |
|---|--|
| <input type="radio"/> Extremely comfortable | <input type="radio"/> Not so comfortable |
| <input type="radio"/> Very comfortable | <input type="radio"/> Not at all comfortable |
| <input type="radio"/> Somewhat comfortable | |

21. Overall, how well did you feel employees here prioritized tasks?

- | | |
|--------------------------------------|---------------------------------------|
| <input type="radio"/> Extremely well | <input type="radio"/> Not so well |
| <input type="radio"/> Very well | <input type="radio"/> Not at all well |
| <input type="radio"/> Somewhat well | |

22. Overall, did you feel that your work environment was positive or negative?

- | | |
|---|-------------------------------------|
| <input type="radio"/> Very positive | <input type="radio"/> Negative |
| <input type="radio"/> Positive | <input type="radio"/> Very negative |
| <input type="radio"/> Neither positive nor negative | |

23. Overall, how much did you like working here?

A great deal

A little

A lot

Not at all

A moderate amount

24. Overall, how much did you like your coworkers?

A great deal

A little

A lot

Not at all

A moderate amount

25. What are your reasons for leaving this company?

26. What actions can your employer take to build a better workplace?

27. Do you have any other comments, questions, or concerns?