

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 _____