# **Exit Interview Form [Template]**

| **EMPLOYEE INFORMATION** | |
| --- | --- |
| Employee name |  |
| Position |  |
| Department |  |
| Supervisor |  |
| Hire date |  |
| Last working day |  |

## **Reason for leaving**

| **1. Why are you leaving the company?** | |
| --- | --- |
| **␧** Relocation  **␧** Found a new job  **␧** Compensation, salary, or benefits  **␧** Lack of training  **␧** Dissatisfaction with role or job  **␧** Scheduling conflict  **␧** Studies | **␧** Health concerns  **␧** Company culture  **␧** Management related issues  **␧** Conflict with a colleague  **␧** Retirement  **␧** Involuntary reason  **␧** Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **2. At what point did you start making the decision to leave [company]?** | |
| **␧** 1-2 months ago  **␧** 3-5 months ago  **␧** 6-9 months ago  **␧** Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Comments: | |
| **3. Was there a particular issue or event that led to your resignation?** | |
| **␧** Yes | **␧** No |
| If yes, please explain further. | |
| If yes, were you able to discuss the matter with your supervisor or manager? | |
| **␧** Yes | **␧** No |
| Comments: | |

## **Job Satisfaction**

| **1. What aspects of your role or stay in [company] did you enjoy the most?** | | | | |
| --- | --- | --- | --- | --- |
|  | | | | |
| **2. What aspects of your role or role in [company] did you find most challenging?** | | | | |
|  | | | | |
| **3. Were your skills and abilities utilized effectively in your position?** | | | | |
| **␧** Always | **␧** Often | **␧** Sometimes | **␧** Rarely | **␧** Never |
| Comments: | | | | |
| **4. Were resources enough to perform and complete work and tasks (e.g., tools, equipment, supplies)?** | | | | |
| **␧** Always | **␧** Often | **␧** Sometimes | **␧** Rarely | **␧** Never |
| Comments: | | | | |
| **5. Did you receive enough training to understand your job responsibilities and any new or existing processes?** | | | | |
| **␧** Always | **␧** Often | **␧** Sometimes | **␧** Rarely | **␧** Never |
| Comments: | | | | |

## **Work Environment**

| **1. Did you feel safe in your work environment?** | | | | |
| --- | --- | --- | --- | --- |
| **␧** Always | **␧** Often | **␧** Sometimes | **␧** Rarely | **␧** Never |
| Comments: | | | | |
| **2. Were your shifts scheduled fairly and consistently?** | | | | |
| **␧** Always | **␧** Often | **␧** Sometimes | **␧** Rarely | **␧** Never |
| Comments: | | | | |
| **3. Did you feel supported by your team?** | | | | |
| **␧** Always | **␧** Often | **␧** Sometimes | **␧** Rarely | **␧** Never |
| Comments: | | | | |
| **4. Were you able to communicate your concerns or ideas to your manager or supervisor?** | | | | |
| **␧** Always | **␧** Often | **␧** Sometimes | **␧** Rarely | **␧** Never |
| Comments: | | | | |
| **5. Was communication clear with your teammates and the rest of the organization?** | | | | |
| **␧** Always | **␧** Often | **␧** Sometimes | **␧** Rarely | **␧** Never |
| Comments: | | | | |

## **Pay and Benefits**

| **1. Did you receive accurate and timely pay?** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **␧** Always | | **␧** Often | | **␧** Sometimes | | **␧** Rarely | | **␧** Never | |
| Comments: | | | | | | | | | |
| **2. Did your pay reflect the work performed?** | | | | | | | | | |
| **␧** Yes | | | | | **␧** No | | | | |
| Comments: | | | | | | | | | |
| **3. Did you understand the benefits and perks available to you?** | | | | | | | | | |
| **␧** Yes | | | | | **␧** No | | | | |
| Comments: | | | | | | | | | |
| **4. Was overtime or extra hours offered fairly?** | | | | | | | | | |
| **␧** Yes | | | | | **␧** No | | | | |
| Comments: | | | | | | | | | |

## **Suggestions for Improvement**

| **1. What changes could improve this role for future employees?** | | | | |
| --- | --- | --- | --- | --- |
|  | | | | |
| **2. What changes would make this organization a better place to work?** | | | | |
|  | | | | |

## **Final Comments**

| **1. Would you consider working again in [company] in the future?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **␧** Yes | | | | | | | | | | **␧** No | | | | | | | | | | **␧** Maybe | | | | | | | | | |
| **2. Do you have other comments, suggestions, or feedback?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |