# **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?**  |
|  |