

**[COMPANY NAME]
EMPLOYEE EXIT INTERVIEW**

EMPLOYEE'S NAME _____	MOST RECENT POSITION _____
DATES OF EMPLOYMENT _____	LAST DATE WORKED _____
REASON FOR SEPARATION _____	
NAME OF PERSON CONDUCTING INTERVIEW _____	
INTERVIEW DATE/TIME _____	

1. Was this employment separation voluntary or involuntary? _____
 - a. If voluntary, what is your reason for separation?

If going to another job, what does your new job offer that your job at **[Company Name]** did not? _____

If moving, need forwarding address: _____

 - b. If involuntary, what is your understanding of the reason for separation?

2. What factors contributed to accepting your job at **[Company Name]**? _____

Were your expectations realized? _____

3. Do you feel your initial orientation process was satisfactory? _____
Please explain: _____

4. Do you feel you received the proper training needed to perform your job? _____
Please explain: _____

5. Do you feel you received adequate support and the resources needed from your supervisor/manager in order to perform your job properly? _____

Please explain: _____

6. Do you feel there was adequate communication within your department? _____

Within the Company? _____

Please explain: _____

7. Do you feel you were fairly compensated for the work you performed? _____

Please explain: _____

8. How do you feel about the benefits provided by **[Company Name]**? _____

Do you feel there were benefits not offered that should have been? _____

9. Do you feel you received fair and timely performance evaluations? _____

Please explain: _____

10. What are some of the factors that helped to make your employment at **[Company Name]** enjoyable? _____

11. As a means of improving working conditions for future employees, are there any areas you feel improvement is needed?

12. Would you recommend **[Company Name]** to a friend as a place to work? _____

Please explain? _____

13. Did you receive your final paycheck, including any accrued unused vacation pay? _____

On what date? _____

a. Have there been any funds added to or subtracted from the employee's last paycheck? If so, please explain.

14. If applicable, was your right to continue group medical coverage (COBRA) reviewed with you and appropriate paperwork provided? _____

a. If the employee does not choose to continue group medical coverage, what is the date current insurance will lapse?

15. Have the following Company-provided items been returned to the employer? (State yes, not applicable [N/A] or no with explanation.)

Keys _____ Pager _____ Employee Handbook _____

Uniform _____ Tools _____ I.D. Card _____

Credit Cards _____ Membership Cards _____

Procedure Manual _____ Company Vehicle _____

Explanation: _____

16. Are there any additional comments you would like to make? _____

Signatures:

Interviewee

Date

[Company Name] Representative

Date