Exit Interview Form

Date_____

Employee's Name _____ Hire Date _____

Supervisor_____ Separation date _____

Employee Address_____ City_____ State_____ Zip _____

Are you planning to move?

- ☐ Yes- New address: _____
- ☐ No

Which, if any, of the following benefit programs do you wish to retain?

- ☐ Medical and/or Dental insurance
- ☐ Life insurance

Do you have any of the following?

- ☐ Employee loan
- ☐ Cafeteria Plan (125C flexible spending account)

Note the number of unused vacation days accrued as of separation date:_____

Please explain your reasons for leaving this company:_____

_____

Do your reasons for leaving have anything to do with a work-related grievance or problem? If yes, please describe:

_____

Do you plan to return to work for this company?

- ☐ Yes- Expected date of return: _____
- ☐ No

Describe what, if any, changes would convince you to return to the company: _____

_____

Describe what you most liked about working at this company:_____

_____

Describe what you liked least about this company or the areas you feel need the most improvement: _____

_____

Were you treated fairly while with the company? If not, what was the problem?_____

_____

Do you know or have you heard of other problems that employees have working here? _____

_____

Additional Details

- ☐ Written resignation letter attached for voluntary quit?
- ☐ Procedures for terminating financial accounts completed?
- ☐ Severance pay policy explained?
- ☐ Final paychecks issued?

Interviewer_____ Date _____