|  |  |  |
| --- | --- | --- |
| **Employee Name:** | **Department:** | **Date of Employment:** |
|  |  |  |
| **Position:** | **Manager:** | **Date of Termination:** |
|  |  |  |

We would appreciate you taking approximately 10 minutes to answer the following questions as honestly as possible. Your individual responses are treated as confidential and will not become part of your personnel file.

We believe the information you provide is of vital importance and will assist in analyzing our employee retention and turnover. Thank you for your cooperation.

|  |
| --- |
| **What factors prompted you to seek alternative employment? Check all that apply.** |
| Type of Work |[ ]  Quality of Supervision |[ ]
| Compensation |[ ]  Work Conditions |[ ]
| Lack of Recognition |[ ]  Family Circumstances |[ ]
| Company Culture |[ ]  Career Advancement Opportunity |[ ]
| Business / Product Direction |[ ]  Other: |[ ]

|  |
| --- |
| **Before making your decision to leave, did you investigate other options that would enable you to stay?** |
| Yes [ ]  | No [ ]  | If yes, please explain below: |
|  |

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| --- |
| **Rate your Supervision in the Following Categories:** |
|  | Almost Always | Sometimes | Never |
| Demonstrated Fair and Equal Treatment |[ ] [ ] [ ]
| Provided Recognition for Work Done on the Job |[ ] [ ] [ ]
| Developed Cooperation and Teamwork |[ ] [ ] [ ]
| Encouraged and Listened to Suggestions |[ ] [ ] [ ]
| Resolved Complaints and Problems |[ ] [ ] [ ]
| Followed Policies and Practices |[ ] [ ] [ ]
|  |
| **Comments:** |
|   |

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| --- |
| **Rate the Following in Relation to Your Job:** |
|  | Excellent | Good | Fair | Poor |
| Cooperation Within Your Department |[ ] [ ] [ ] [ ]
| Cooperation with Other Departments |[ ] [ ] [ ] [ ]
| Communications Within Your Department |[ ] [ ] [ ] [ ]
| Communications Within the Company as a Whole |[ ] [ ] [ ] [ ]
| Communications Between You and Your Manager |[ ] [ ] [ ] [ ]
| Morale Within Your Department |[ ] [ ] [ ] [ ]
| Satisfaction with Job |[ ] [ ] [ ] [ ]
| Training You Received |[ ] [ ] [ ] [ ]
| Growth Potential |[ ] [ ] [ ] [ ]
|  |
| **Comments:** |
|   |
| **Rate Your Typical Workload:** |
| Too Much | Varied, but Acceptable | Acceptable | Too Light |
|[ ] [ ] [ ] [ ]

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| --- |
| **Rate How You Feel About Your Salary and the Employee Benefits:** |
|  | Excellent | Good | Fair | Poor |
| Base Salary |[ ] [ ] [ ] [ ]
| Medicinal Plan |[ ] [ ] [ ] [ ]
| Dental Plan |[ ] [ ] [ ] [ ]
| Vision Plan |[ ] [ ] [ ] [ ]
| 401K Plan |[ ] [ ] [ ] [ ]
| Life Insurance |[ ] [ ] [ ] [ ]
| Paid Time Off |[ ] [ ] [ ] [ ]
| STD / LTD Plan |[ ] [ ] [ ] [ ]
| Stock Options |[ ] [ ] [ ] [ ]
|  |
| **Comments:** |
|   |

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| **Are there any other benefits you feel should have been offered?** |
| Yes [ ]  | No [ ]  | If yes, please explain below: |
|  |

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| **How frequently did you get performance feedback?** |
|  |

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| --- |
| **What are your feelings about the performance review process?** |
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| --- |
| **What did you like most about your job and / or this company?** |
|  |

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| --- |
| **What did you like least about your job and / or this company?** |
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| --- |
| **What does your new job offer that your job with this company does not?** |
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| **Why is the new job / company better?** |
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| **Do you have any suggestions for improvement? Have you raised them in the past?** |
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| --- |
| **Would you recommend this company to a friend as a place to work?** |
|  |

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| --- |
| **Additional Comments About Your Job or this Company:** |
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| --- | --- | --- | --- |
| Employee Signature: |  |  Date: |  |
| Print Owner / Representative Name: |  |  |  |