

## Exit Interview

As you leave us, we would like you to share your perspectives on your work experiences at “The Company Name”. We hope this information will not only help us to build on our strengths, but also become more conscious of any needs we may have for improvement in specific areas. Better understanding the responsibilities of your position will also assist us to effectively recruit your replacement.

Unless we agree otherwise, we commit to holding all of your responses in strict confidence and will only use the data gathered in summary reports to study trends in employee turnover.

This form has been broken into 9 Sections and should take you about 30 minutes to complete. Once completed this form will be used as the basis for an exit interview with HR. The exit interview will normally take place sometime during your last week at work.

**Note:** Please complete this form on line and use it as a basis for preparing for your exit interview discussion. If you complete it prior to your discussion you may wish to pass it on to [HR/the interviewer] so it can be reviewed in preparation for your exit interview.

### Section 1 – Your Current Job and Personal Details

|   |   |  |  |
|---|---|--|--|
| Name:                                       |   | Today's Date:  |  |
| Department:                                 |   | Date of Joining:   |  |
| Job Title:                                  |   | Last Day of Work:  |  |
| Supervisor:                                 |   | Last Day of Employment                                       |  |
|   |   | Length of Service  | years months   |
| Do you consider that you have a disability? |   |  | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Age   | 16-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65+ <input type="checkbox"/> | Full time/Part time/Job Share (delete/circle as appropriate) |  |

### Section 2 – Details of Your Current Job Role

1. What did you most enjoy about your current job role?

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2. What did you least enjoy about your current job role?

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**Section 2 – Details of Your Current Job Role (Cont'd)**

3. If you held other roles while working for “The Company Name”, what did you specifically enjoy, (or not) while working in these roles?

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**Section 3 – Assess the Effectiveness of Supervision, Work & Morale**

4. What did you think of your current manager on the following points?

|   | <b>Almost Always</b>     | <b>Usually</b>           | <b>Sometimes</b>         | <b>Never</b>             |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Was consistently fair   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Provided recognition  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Resolved complaints   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was sensitive to my needs   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Provided feedback on my performance   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was receptive to open communication   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Held regular 1:1 meetings with me   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Set and reviewed my objectives  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Met with me at least once a year for the formal appraisal of my performance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Set, agreed and reviewed my personal development plan                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did something about what we agreed for my development                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Additional Comments:

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5. Over the period of your employment with “The Company Name”, how satisfied have you been with your personal skills development and the communications within the Company in regard to:

|  | <b>V. Dissatisfied</b>   | <b>Dissatisfied</b>      | <b>Satisfied</b>         | <b>V. Satisfied</b>      |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| the way you have been managed  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| your working relationships with your peers                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| your working relationships with your immediate manager                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| your working relationships with ownership                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| the opportunities you have had for career moves                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| the opportunities you have had for developing your skills & competence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| the way your job description reflected your job responsibilities       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



**Section 4 – Assessing the Working Environment and Employment Processes (Cont'd)**

9. How do you rate the following aspects of your working environment?

|  | Excellent                | Good                     | Fair                     | Poor                     |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Parking                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Storage                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lighting                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| IT Access/telephone access               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Privacy                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Temperature                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lighting                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Your general working environment         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Meeting room availability                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Refreshments                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Facilities                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Your desk space/access                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Equipment you need to carry out your job | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Section 5 – Assessing the Company Benefits**

10. How did you feel about the benefits you received while working for "The Company Name"?

|   | Excellent                | Good                     | Fair                     | Poor                     | No Opinion               |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| The number of holidays you were entitled to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Private Medical Insurance                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Employee Assistance Programme               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pension                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Life Assurance                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sick Leave                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Training or Educational assistance          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

11. Are there any other benefits you would have liked the company to provide?

|                           | YES                      | NO                       |
|---------------------------|--------------------------|--------------------------|
| Childcare                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Dental Insurance          | <input type="checkbox"/> | <input type="checkbox"/> |
| Critical illness cover    | <input type="checkbox"/> | <input type="checkbox"/> |
| Discounted gym membership | <input type="checkbox"/> | <input type="checkbox"/> |
|                           | <input type="checkbox"/> | <input type="checkbox"/> |
|                           | <input type="checkbox"/> | <input type="checkbox"/> |

Additional comments on benefits you would like to have been provided with:

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### Section 6 – Equal Opportunities

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 12. Are you aware of the Company Equal Opportunities Policy   | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Have you ever personally experienced any form of unfair discrimination, harassment or bullying (If no, go to 14.)                       | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes to 13, was there any evidence available?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Was the matter reported?  | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, to who was it reported?   |                          |                          |
| If No, what prevented you from reporting it?  |                          |                          |
| In your opinion was the matter resolved satisfactorily  | <input type="checkbox"/> | <input type="checkbox"/> |
| Would you like to discuss any outstanding unfair discrimination, harassment or bullying issues?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Have you ever witnessed any form of unfair discrimination, harassment or bullying towards staff? (If no, go to 15)                      | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, did you report the matter?  | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, to whom did you report the matter?  |                          |                          |
| If no, what prevented you from reporting it?  |                          |                          |
| Was the matter dealt with?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Would you like the opportunity to discuss this matter further?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you ever witnessed any form of oppressive/discriminatory practice towards staff such as stereotyping, labelling? (If no, go to 16) | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, did you report the matter?  | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, to whom did you report the matter?  |                          |                          |
| If no, what prevented you from reporting it?  |                          |                          |
| In your opinion was the matter satisfactorily dealt with?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Would you like the opportunity to discuss this matter further?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Do you fee that the Company is a 'Family Friendly Employer'?  | <input type="checkbox"/> | <input type="checkbox"/> |

### Section 7 – Reasons for Leaving

17. What was your reason(s) for leaving "The Company Name"? (Check all items that apply)

|   |   |
|---|---|
| <input type="checkbox"/> Dissatisfaction with my job    | <input type="checkbox"/> Transportation difficulties    |
| <input type="checkbox"/> Relocation                     | <input type="checkbox"/> Returning to education         |
| <input type="checkbox"/> Retirement/Early retirement    | <input type="checkbox"/> Better opportunity             |
| <input type="checkbox"/> Home duties/family obligations | <input type="checkbox"/> Health condition/disability    |
| <input type="checkbox"/> Job closer to home             | <input type="checkbox"/> Own accord/personal            |
| <input type="checkbox"/> Career change                  | <input type="checkbox"/> Not taking up other employment |
| <input type="checkbox"/> Self Employment                |   |

**Section 7 – Reasons for Leaving (Cont'd)**

Additional Comments:

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18. Please indicate how important the following factors have been *in influencing your decision* to leave “The Company Name”.

| In deciding to leave I felt the following factors were:           | Not important at all     | Important                | Very Important           |
|---|--------------------------|--------------------------|--------------------------|
| Whether I was in agreement with the company’s strategic direction | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lack of job satisfaction in the post                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The work was not challenging enough                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| There was too much work   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| There wasn’t enough work  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The work was too stressful  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| There was little opportunity to use my initiative                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| There was little opportunity to use my skills and abilities       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Quality of supervision  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Poor management style – line mgmt                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Poor management style –senior mgmt                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Poor communication within the team                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Poor communication in the wider organisation                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Difficulty getting decisions made within your team/service        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Difficulty getting decisions made within the wider organisation   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Inadequate training and development                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Inadequate pay  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Inadequate benefits   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Limited promotion prospects                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lack of job security  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Poor working conditions and facilities                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Personal harassment and/or discrimination                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Family/Personal reasons   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

19. What made you begin looking for another position, or, if appropriate, what made you listen to the offer to interview for another position?

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20. Is there anything that we could have done that would have prevented your decision to leave?

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**Section 7 – Reasons for Leaving (Cont'd)**

21. Would you consider working for “The Company Name” again in the future? Maybe  YES  NO

22. Would you recommend working for “The Company Name” to friends or acquaintances? Maybe  YES  NO

23. Do you have any other issues you would like to raise (additional sheets of paper may be attached if required).

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**Section 8 – Details of your new employer**

|                                 |   |                                   |   |           |
|---------------------------------|---|-----------------------------------|---|-----------|
| Name & Address of New Employer: |   | New Salary:                       | £ | Per annum |
| Job Title:                      |   | Date of Joining:                  |   |           |
| Benefits:                       | Pension: Contributory/Non-Contributory (delete as appropriate)<br>Contribution as a percentage of salary: % | Bonus: £                          |   | per annum |
|                                 | Life Assurance: x salary  | Car: Leased/Allowance: Value of £ |   | per annum |
|                                 | Other:  |                                   |   |           |

24. My new employer has promise to provide me with specific training & development YES  NO   
If yes to question 24, what have you been promised?

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25. My new employer has also promised me the following:

26. What does the NEW organisation/situation offer, which “The Company Name” does not?

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**Section 9 – Additional Comments**

27. Additional Notes from the Exit Interview.

**HR USE ONLY**

Exit Interview Completed by:

Date: