

**CONFIDENTIAL**  
**EMPLOYEE EXIT INTERVIEW FORM**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Location/Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Hire Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_

Starting Position: \_\_\_\_\_ Ending Position: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

**PART I: REASONS FOR LEAVING**

More than one reason may be given if appropriate; if so, circle primary reason.

**RESIGNATION**

- |  |  |
|--|--|
| <input type="checkbox"/> Took another position           | <input type="checkbox"/> Dissatisfaction with salary             |
| <input type="checkbox"/> Pregnancy/home/family needs     | <input type="checkbox"/> Dissatisfaction with type of work       |
| <input type="checkbox"/> Poor health/physical disability | <input type="checkbox"/> Dissatisfaction with supervisor         |
| <input type="checkbox"/> Relocation to another city      | <input type="checkbox"/> Dissatisfaction with co-workers         |
| <input type="checkbox"/> Travel difficulties             | <input type="checkbox"/> Dissatisfaction with working conditions |
| <input type="checkbox"/> To attend school                | <input type="checkbox"/> Dissatisfaction with benefits           |
| <input type="checkbox"/> Other (specify) _____           |  |
- 

**LAI D OFF**

- Lack of work
  - Abolition of position
  - Lack of funds
  - Other (specify) \_\_\_\_\_
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**RETIREMENT**

- Voluntary retirement
  - Disability retirement
  - Regular retirement
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*Plans After Leaving*

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**PART II: COMMENTS/SUGGESTIONS FOR IMPROVEMENT**

We are interested in what our employees have to say about their work experience with the Diocese of Owensboro. Please complete this form.

1. What did you like most about your job?

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2. What did you like least about your job?

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3. How did you feel about the pay and benefits?

- Rate of pay for your job
- Paid holidays
- Paid vacations
- Retirement plan
- Medical coverage for self
- Medical coverage for dependents
- Life insurance
- Sick leave

Excellent	Good	Fair	Poor

4. How did you feel about the following:

- Opportunity to use your abilities
- Recognition for the work you did
- Training you received
- Your supervisor's management methods
- The opportunity to talk with your supervisor
- The information you received on policies, programs, projects and problems
- Promotion policies and practices
- Discipline policies and practices
- Overtime policies and practices
- Performance review
- Physical working conditions

Very Satisfied	Slightly Satisfied	Neutral	Slightly Dissatisfied	Very Dissatisfied

**COMMENTS:**

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5. a) If you are taking another job, what kind of work will you be doing?

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b) What has your new place of employment offered you that is more attractive than your present job?

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6. Could your employer have made any improvements that might have influenced you to stay on the job?

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Other remarks (optional):

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\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**DO NOT WRITE BELOW THIS LINE. OFFICE USE ONLY.**

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- Discussed with employee
- Benefits
- Payment of unused time and last paycheck

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\_\_\_\_\_  
Interviewer's Signature

\_\_\_\_\_  
Date