**TEMPLATE: EMPLOYEE EXIT INTERVIEW**

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| --- | --- | --- | --- | --- | --- | --- |
| Name | Start Date Company | | | | | |
| Job Title | Start Date Position | | | | | |
| Exit Interview Date | Last day of Work | | | | | |
| **Introduction:**  *Thanks for taking time to participate in this employee exit interview. The purpose of this interview is for us to gather feedback from you about your employment experience with our company. We encourage you to be honest and appreciate any insights you are willing to share. Any information you provide will not be held against you should you seek to reapply for employment with the company in the future.* | | | | | | |
| **Interview Questions:** | | | | | | |
| * 1. How would you describe your overall employment experience with the company? | | | | | | |
| * 1. On a scale of 1-5 (1 – strongly disagree, 5 – strongly agree), please rate your level of agreement with the following statements: | | | | | | |
|  | | 1 | 2 | 3 | 4 | 5 |
| You received sufficient training and felt confident in your job | |  |  |  |  |  |
| Open two-way communication is encouraged between employees and managers | |  |  |  |  |  |
| Your contributions and efforts were acknowledged and appreciated | |  |  |  |  |  |
| Your direct supervisor or manager was approachable and supportive | |  |  |  |  |  |
| Employees are treated fairly and in keeping with the Employer’s principles | |  |  |  |  |  |
| Your wage was fair and reasonable for the work you were expected to do | |  |  |  |  |  |
| You had the tools and equipment needed to do your job | |  |  |  |  |  |
| You were satisfied with your health benefits | |  |  |  |  |  |
|  | |  |  |  |  |  |

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| --- | --- | --- |
| * 1. Which of the following influenced your decision to leave our company? (✓all that apply & indicate the *one* factor that was *most* important in their decision to leave) | | |
|  | Influenced Decision | Most Important |
| Working hours & Schedules |  |  |
| Relationship with immediate supervisor |  |  |
| Relationships with coworkers |  |  |
| Base wage or salary |  |  |
| Total compensation (wage/salary & other perks/benefits) |  |  |
| Lack of transportation |  |  |
| Lack of opportunities for advancement |  |  |
| Returning to post-secondary education |  |  |
| Family/personal responsibilities |  |  |
| Other: Please describe |  |  |
| * 1. Would you consider returning to work for us in the future? Why or why not? | | |
| * 1. On a 1-10 scale, how likely is it that you would recommend a friend or family member work for us in the future? | | |
| * 1. Is there anything that we can do to change your mind and convince you to stay? | | |
| **Conclusion:**  Thank you for your time, we wish you all the best in the future. | | |

Employee Signature Date

Manager Signature Date