



## EXIT INTERVIEW QUESTIONNAIRE

*We would appreciate your taking the time 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 that the information is of vital importance and will assist in analyzing the factors attributing to turnover. Thank you for your cooperation.*

NAME:	
EMPLOYMENT DATE:	
MANAGER:	
TERMINATION DATE:	
DEPARTMENT:	
OFFICE:	

What type of work did you do?

What prompted you to seek alternative employment?

__ Type of work	__ Quality of supervision
__ Compensation	__ Work conditions
__ Lack of recognition	__ Family circumstances
__ Self-employment	__ Health reasons
__ Career opportunity (Please describe)	
__ Other (Please specify)	

What did you think of your **supervision** in regard to the following?

	Almost Always	Sometimes	Never
Demonstrated fair and equal treatment	—	—	—
<b>COMMENTS:</b>			
Provided recognition on the job	—	—	—
<b>COMMENTS:</b>			
Developed cooperation and teamwork	—	—	—
<b>COMMENTS:</b>			
Encouraged/listened to suggestions	—	—	—
<b>COMMENTS:</b>			
Resolved complaints and problems	—	—	—
<b>COMMENTS:</b>			
Followed policies and practices	—	—	—
<b>COMMENTS:</b>			

How would you rate the following in relation to **your job**?

ITEM	EXCELLENT	GOOD	FAIR	POOR
Cooperation within your department	—	—	—	—
<b>COMMENTS:</b>				
ITEM	EXCELLENT	GOOD	FAIR	POOR
Communications within the company as a whole	—	—	—	—
<b>COMMENTS:</b>				
The training you received	—	—	—	—
Item	EXCELLENT	GOOD	FAIR	POOR
Potential for career growth	—	—	—	—

**Was your workload usually:**

__ Too great	__ Varied, but all right
__ About right	__ Too light

**COMMENTS:** \_\_\_\_\_

How did you feel about your salary and the employee benefits provided by the company?

ITEM	EXCELLENT	GOOD	POOR
Base salary	___	___	___
<b>COMMENTS:</b> _____			
Medical / Dental Plan	___	___	___
<b>COMMENTS:</b> _____			
Holidays / Personal Days	___	___	___
<b>COMMENTS:</b> _____			
Vacations	___	___	___
<b>COMMENTS:</b> _____			

Are there any other benefits you feel should have been offered?  Yes  No If "Yes," what?

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How frequently did you get feedback and / or performance reviews? What were your feelings about them?

How frequently did you have discussions with your manager about your career goals?

What did you like most about your job and or the Diocese of Gary?

What did you like least about your job and or the Diocese of Gary?

What does your new job offer that your job with us does not?

Would you recommend working at the Diocese of Gary to a friend?

<input type="checkbox"/> Yes, without reservations	<input type="checkbox"/> Yes, with reservations
<input type="checkbox"/> No	

***Thank you for taking the time to provide honest and confidential feedback. By doing so, you are helping the Diocese of Gary become a better employer for the future.***