



**EMPLOYEE EXIT QUESTIONNAIRE**  
(TO BE COMPLETED BY EMPLOYEE)

Reason for Leaving:      Relocation                  New Job                  Health  
  
Other \_\_\_\_\_

Please check the box which best describes your feelings about the following aspects of your employment. This information will be kept confidential. You are not required to put your name on the form.

Very                          Satisfied                  Satisfied                  Dissatisfied  
Satisfied

Duties of the job

Training & Development Programs

Opportunities for Advancement

Salary Treatment

Benefit Programs

Working Conditions

Working Hours

Co-Workers

Supervision

Overall, As a place to work

Additional comments:  
\_\_\_\_\_

Employee signature  
(Optional) \_\_\_\_\_

Thank you for completing the Employee Exit Questionnaire. Please return your completed form in an envelope marked "Confidential" to the Director, Human Resources.