**Upshur Human Resources, Inc. Exit Interview**

It is our company policy to conduct an exit interview with each employee upon separation per their request. We would appreciate your honest opinions about your employment with our company. Your objective feedback can help us to improve workplace conditions and make this company a better place to work. Please complete the front page of this questionnaire and return it to the Fiscal/Personnel Manager. Thank you for your valued opinion.

Employee Name Separation Date / /

Position Title

Check which best describes your feelings about the following aspects of your employment experience at our company.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Very Satisfied | Satisfied | Dissatisfied | Very Dissatisfied |
| Nature of the job |  |  |  |  |
| Utilization of skills and experiences |  |  |  |  |
| Performance appraisals |  |  |  |  |
| Training, orientation and development programs |  |  |  |  |
| Opportunities for advancement |  |  |  |  |
| Salary treatment |  |  |  |  |
| Immediate supervisor |  |  |  |  |
| Company management |  |  |  |  |
| Company policies |  |  |  |  |
| Workload |  |  |  |  |
| Benefits program |  |  |  |  |
| Overall, as a place to work |  |  |  |  |

If you have marked dissatisfied or very dissatisfied for any of the categories, please explain:

The main reasons I am leaving this company are:

If you are leaving to accept other employment, please list the new employer’s name, the title of your new position, your starting salary and any benefits that you will be receiving that you did not receive at our company:

If you are leaving to accept other employment, describe how your new position will be different from the job you held at our company:

Please describe your relationship with your supervisor and how it could have improved, if at all:

Has our company and/or your supervisor provided enough recognition for your work achievements? If not, please describe how you would have preferred to have been recognized:

Would you recommend this company as a place to work? Yes No If not, why?

Employee Signature Date / /

**Fiscal/Personnel Manager to Complete**

Employee starting date / / Separation Date / /

Length of employment

Please provide explanation for the employee’s comments:

Number of unused vacation days sick days Benefits ending date / /

 (EXCLUDING COBRA)

**Check List**

**Date Initials Date Initials**

 **/ / . Retirement/403(b) / / . Return keys**

 **/ / . COBRA Notification / / . Vacation/Benefit Payment**

 **/ / . Notification to insurance carriers / / . Authorization release of info**

 **/ / . / / .**

 **/ / . Group insurance conversion (COBRA)**

Fiscal/Personnel Manager

Date / /