Office of Human Resources
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EXIT INTERVIEW QUESTIONNAIRE

NAME:_____ DATE:_____

JOB TITLE:_____ SUPERVISOR:_____

SHIFT WORKED:_____ LENGTH OF EMPLOYMENT:_____

1. Why did you initially decide to work at Washington College?_____

_____

_____

2. What is your reason for leaving now? (check all that apply)

4. If applicable, what does the new job offer that your job here at Washington Colleges does not?

_____

_____

5. Could anything have been done to prevent your leaving Washington College? Please Comment:

_____

_____

_____

6. Please rate the following:

	Excellent	Good	Fair	Poor	N/A
Rate of Pay					
Merit Increase Policy					
Number of Holidays					
Amount of Vacation Time					
Pension/Retirement Plan					
Tuition Reimbursement					
Health Insurance					
Life Insurance					
Tax Deferred Annuity					
Paid Sick Leave					
Vision Care					
Dental Insurance					
Parking Facilities					
Employee Activities					
Security					
Group Disability Program					
Safety Program					

7. Please rate the following about your department:

	Excellent	Good	Fair	Poor	N/A
Working Conditions					
Staffing					
Equipment					
Employee Morale					

10. What did you like least about working for Washington College?_____

_____

_____

11. Would you recommend Washington College to your friends for employment? Yes No

Why?_____

_____

_____

12. Do you have any suggestions that you feel would make Washington College a better place to work?

_____

_____

Thank you for completing this form.

May we share this information with your supervisor? Yes No