Employee Separation Checklist

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **EMPLOYEE INFORMATION** | | | | **EMPLOYMENT INFORMATION** | |
|  |  | | |  |  |
| Employee Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Employee Number | \_\_\_\_\_\_\_\_\_\_\_ |
|  |  | | |  |  |
| Position: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Birth Date: | \_\_\_\_\_\_\_\_\_\_\_ |
|  |  | | |  |  |
| Address: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Hire Date: | \_\_\_\_\_\_\_\_\_\_\_ |
| City and State: | \_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_ | | | Termination Date: | \_\_\_\_\_\_\_\_\_\_\_ |
|  |  | | |  |  |
| Fwd Address: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Wages: | \_\_\_\_\_\_\_\_\_\_\_ |
|  |  | | | Per: |  |
|  |  | | |  |  |
| **REASON FOR TERMINATION:** | | | | Eligible for Rehire : | Yes  No |
| Involuntary Discharge  Resignation  Layoff  Other: | | Policy / Procedure Violation  (-) Work Performance  Absenteeism / Tardiness  Behavior / Conduct Infraction  Lack of Work / Funding | **Comments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

|  |  |  |
| --- | --- | --- |
|  | **COMPLETE** | |
| **DOCUMENTATION + DECISIONS** | A= | R= |
| **In Case of Voluntary Resignation**   1. Obtain Resignation Letter including effective date    1. If resignation date provides policy required 2 week notice - employee is eligible for rehire    2. If resignation date does not provide policy required 2 week notice - employee is eligible for rehire |  |  |
| **In Case of Involuntary Resignation – (Any reason except Lack of Work / Funding)**   1. Ensure full and complete documentation    1. Ensure confidential file includes all warnings, trainings, coaching, and instructions related to termination conditions.    2. Investigate the validity of the claim and develop documentation in preparation for legal action and claims of unemployment    3. Complete the “Documentation for Record” form |  |  |
| **In Case of Involuntary Resignation – (for Lack of Work / Funding)**   1. Ensure full and complete documentation    1. Create documentation indicating how this decision was due only to lack of work or funding and not due to other    2. Complete the “Documentation for Layoff” form |  |  |
|  | **COMPLETE** | |
| **DOCUMENT GATHERING AND BENEFIT CANCELLING** | A= | R= |
| 1. Cancel Employee Benefits    1. If termination is after 1st paycheck of month       1. Deduct normal premium       2. Terminate medical, dental, life, disability etc. as of the end of the month       3. Terminate retirement plan access effective date of termination    2. If termination is before 1st paycheck of month       1. deduct full month’s employee premium       2. Terminate medical, dental, life, disability etc. as of the end of the month       3. Terminate retirement plan access effective date of termination    3. Process termination benefits - File a COBRA claim - Benedirect.adp.com 2. Suspend Access to    1. Flexible Spending Account    2. Organizational Technology including email, Intranet, website and hosting access, servers, phones, voicemail etc.    3. Organizational credit cards    4. Any e-accounts copying email or documents including drop box etc.    5. Rental car account 3. Determine Payments Owed Total Payments Due: \_\_\_\_\_\_\_\_\_\_\_    1. Get final timesheet and expense report    2. Connect with finance to ensure employee does not owe ORGANIZATION any money    3. Review any ORGANIZATION credit accounts to ensure employee does not have a negative balance |  |  |
|  | **COMPLETE** | |
| **EXIT MEETING** | A= | R= |
| 1. Prepare for Meeting    1. Send letter to employee explaining terms of termination    2. Prepare and send separation notice    3. Send exit interview 2. Recover Organization property    1. **Building Access:**  Key Fob, Main Office Access, Personal Office Access, Building Access, Parking Access    2. **Technology:** Laptop, Desktop, ORGANIZATION provided home computer, LCD Projector, cords, Flash drive, External Hard drive, printer etc.    3. **Documents:** Soft and Hard documents including files, flash drive etc. 3. Gather Information    1. Future Contact Information: Physical address, email address, phone number. Update “EMPLOYEE DATABASE MASTER”    2. Final timesheet and expense report 4. For voluntary resignation, provide employee with “Exit Checklist for Employees” to help employee prepare for departure |  |  |
|  | **COMPLETE** | |
| **MAKING FINAL PAYMENTS** | A= | R= |
| 1. Determine if there is any severance pay (Only for layoffs due to lack of work/funding)    1. Develop a waiver of rights contract and determine the review period       1. If laying off more than one employee where at least one employee is over the age of 40 years old 2. Get final time sheet and verify paid time off payout (No. Hours x Hourly Rate)    1. If there is a positive balance: payout [No. Hours] x [Hourly Rate] - [Debt Owed to ORGANIZATION]    2. If there is a negative balance: deduct negative amount from last paycheck |  |  |
|  | **COMPLETE** | |
| **COMMUNICATE AND PREPARE** | A= | R= |
| 1. Identify point of contact for all projects and responsibilities of the departing employee 2. Communicate departure to staff 3. Reprogram voicemail message and email out of box message 4. Communicate departure to appropriate a external stakeholder including    1. Network Stakeholders: Client affiliates and board members, supporting affiliates and board members    2. External Stakeholder: Grantors, evaluators, funders, etc. 5. Develop hiring plan for employee replacement if necessary or reconfigure structure to address separating employee’s responsibilities |  |  |

{DATE}

{EMPLOYEE NAME}

{ADDRESS LINE 1}

{ADDRESS LINE 2}

{CITY, STATE ZIP}

Dear {NAME}:

It is with deep regret that I must inform you that your employment with {ORGANIZATION} will be terminated effective {LAST DAY OF EMPLOYMENT}.

{ORGANIZATION} is very grateful to you for your years of service to this organization. You have been a valued colleague and a committed supporter of the CIS mission.

Due to the nature of this separation, we will be offering you a severance payment. {DEFINE TERMS OF SEVERANCE AGREEMENT}.

Included in this package is Georgia Department of Labor Notice. Bring the original copy to the DOL if you choose to register for unemployment. {{ORGANIZATION} will not contest any unemployment claims that you may file}.

Please confirm your forwarding address with me by calling 404-881-2140 to ensure that benefits and tax information are received in a timely manner. If all required information is turned into me as of your scheduled date you will receive your final paycheck and compensation for accrued vacation on your termination date. If this is not the case, your final paycheck and accrued vacation pay will be mailed to the address you have confirmed by the next pay day.

Please turn in your timesheets, expense reports, any CIS documents, keys, parking card, building access card, and any other CIS property to me by {LAST DAY OF EMPLOYMENT}. You may either choose to remove your personal property from the premises on today or by appointment on {LAST DAY OF EMPLOYMENT}.

All benefits and severance payments will end on {LAST DAY OF SEVERANCE PAYMENT} and you will receive information regarding continuation of health and dental benefits at that time.

{TERMINATION OF ANY OTHER BENEFITS}

I wish you the best in the future. Thank you for being a part of [[Your affiliate name here]].

Yours Sincerely,

{MANAGER}

{TITLE}

{DATE}

{EMPLOYEE NAME}

{ADDRESS LINE 1}

{ADDRESS LINE 2}

{CITY, STATE ZIP}

Dear {NAME}:

It is with deep regret that I must inform you that your employment with {ORGANIZATION} will be terminated effective {LAST DAY OF EMPLOYMENT}.

[[Your affiliate name here]] is very grateful to you for your years of service to this organization. You have been a valued colleague and a committed supporter of the CIS mission.

Attached is a “Confidential Separation Agreement and Release” that describes the severance pay you will receive if you elect to sign the Agreement. You may sign and return the Agreement anytime during the next forty-five (45) days. The last day to sign and return the Agreement is {DATE OF LETTER + 45 DAYS}. After signing, you will have seven (7) days to revoke your acceptance of the Agreement.

**This Agreement has important legal implications, including a release of all legal claims related to your employment with [[Your affiliate name here]]. Therefore, it would be advisable for you to consult an attorney as you consider whether to sign the Agreement.**

If you have any questions about the Agreement during the next 45 days, please do not hesitate to ask me.

You will receive a Georgia Department of Labor Notice on {LAST DAY OF EMPLOYMENT}. Bring the original copy to the DOL if you choose to register for unemployment. {{ORGANIZATION} will not contest any unemployment claims that you may file}. {Other Stipulations for Termination}

Please turn in your timesheets, expense reports, any CIS documents, credit cards, and any other CIS property to {ORGANIZATION} by {LAST DAY OF EMPLOYMENT}. However, please turn in your key, parking card, and building access card to {ORGANIZATION} by {LAST DAY OF EMPLOYMENT}. You may either choose to remove your personal property from the premises on today or by appointment on {LAST DAY OF EMPLOYMENT}.

All benefits and salary payments will end on {LAST DAY OF BENEFITS} and you will receive information regarding continuation of health and dental benefits at that time. If you choose to sign the Agreement, {SEVERANCE PAYMENT PROCEDURE} and continue on a semi monthly basis until it is paid out.

Please confirm your forwarding address with {ORGANIZATION} by calling {ORGANIZATION CONTACT INFO} to ensure that benefits and tax information are received in a timely manner. If all required information is turned into {ORGANIZATION} as of your scheduled date you will receive your final paycheck and compensation for accrued vacation on your termination date. If this is not the case, your final paycheck and accrued vacation pay will be mailed to the address you have confirmed by the next pay day.

{TERMINATION OF ANY OTHER BENEFITS}

I wish you the best in the future. Thank you for being a part of [[Your affiliate name here]].

Yours Sincerely,

{MANAGER}

{TITLE}

{DATE}

{EMPLOYEE NAME}

{ADDRESS LINE 1}

{ADDRESS LINE 2}

{CITY, STATE ZIP}

Dear {NAME}:

I am writing to confirm that your last day with {ORGANIZATION} is {LAST DAY OF EMPLOYMENT}. This letter contains important information to assist you in your transition from {ORGANIZATION}.

Enclosed you will find a Georgia Department of Labor Separation Notice, the latest summary of leave time available, and an exit interview.

Bring the original copy of the Separation Notice to the Georgia Department of Labor if you choose to register for unemployment.

The address above is the final forwarding address and contact information on file. Please confirm this as your final forwarding address with me to ensure that all benefits and tax information are received in a timely manner. Your final paycheck and compensation for accrued vacation will be mailed to the confirmed address or direct deposited in to your account by the next pay period after the receipt of all company property.

Company property includes any computer hardware or software equipment issued to you by {ORGANIZATION} as well as any keys, parking cards, and/or credit cards. Please note that company policy states that failure to return company property or repay any amounts owed to {ORGANIZATION} at separation will deem an employee ineligible for rehire, and the cost of any unreturned item(s) may be withheld from the employee’s final paycheck.

Your insurance benefits will end on {LAST DAY OF BENEFITS}. You will be eligible for continuing insurance coverage if you so choose. {TERMINATION OF ANY OTHER BENEFITS}

Thank you for all your work with {ORGANIZATION} and we wish you the best in all your future endeavors.

Yours Sincerely,

{MANAGER}

{TITLE}

|  |  |
| --- | --- |
| gaseal2 | State of Georgia  Department of Labor  **SEPARATION NOTICE** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Employee Name: | | |  | | | | | | | | | | | | | | | | 2. S. S. No. | | | |  | | | | | |
| a. State any other name(s) under which employee worked. | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| 3. Period of Last Employment: | | | | From: | | | |  | | | | | | | | | | | To: | |  | | | | | | | |
| 4. REASON FOR SEPARATION: | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| a. LACK OF WORK | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| b. If for other than lack of work, state fully and clearly the circumstances of the separation: | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Employee received payment for: (Severance Pay, Separation Pay, Wages-in Lieu, bonus, profit sharing, etc.)  (DO NOT Include vacation pay or earned wages) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | in the amount of | | | | | | | $ |  | | | | For the period from | | |  | | | | | | to | |  | | |
|  | (type of payment) | |  | | | |  | |  | | | |  | | | | |  | | | | | |  | |  | | |
|  | Date above payment was/will be issued to employee | | | | | | | | | | | | |  | | | | | | | | | |  | |  | | |
|  | IF EMPLOYEE RETIRED, furnish amount of retirement pay and what percentage of contributions were paid by the employer. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | per month | | | |  | | | | | | % of contributions paid by employer | | | | | | | | | | | | | | | | |
| 6. Did this employee earn at least $3,500.00 in your employ? | | | | | | | | | | | | | | | | YES NO | | | | If NO, how much? | | | | |  | | |
|  | | | | | | | | | | | | | | | |  | | | | Average Weekly Wage | | | | | | |  |
|  | | | | | | | | | | | | | | | |  | | | | | |  | | |  | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employer’s | | |  | | | |  |  | Ga. D.O.L. Account Number |  | |
| Name |  | | | | | |  |  | (Number shown on Employer’s Quarterly Tax and Wage | | |
|  | |  | | | | |  |  | Report, Form DOL-4.) | | |
| Address | |  | | | | |  |  | I CERTIFY that the above worker has been separated | | |
|  | |  | | | | | from work and the information furnished hereon is true and correct. | | |
| City | |  | | State |  |  |  |  | This report has been handed to or mailed to the worker | | |
|  | |  | |  |  |  |  |  |  | | |
|  | |  | |  |  |  |  |  |  | |
|  | |  | |  |  |  |  |  | Signature of Official, Employee of the Employer or authorized agent for the employer | |
| **NOTICE TO EMPLOYER** | | | | | | |  |
| At the time of separation, you are required by the Employment Security Law, OCGA Section 34-8-190(c), to provide the employee with this document, properly executed, giving the reasons for separation. If you subsequently receive a request for the same information on a DOL-1199FF, you mat attach a copy of this form (DOL-800) as a part of your response. | | | | | | |  |  |  | |
| Title of Person Signing | |
| Date Completed and Released to Employee | |
| **NOTICE TO EMPLOYEE**  **OCGA SECTION 34-8-190(c) OF THE EMPLOYMENT SECURITY LAW REQUIRED THAT YOU TAKE THIS NOTICE TO THE GEORGIA DEPARTMENT OF LABOR FIELD SERVICE OFFICE IF YOU FILE A CLAIM FOR UNEMPLOYMENT INSURANCE BENEITS.** | | | | | | | | | | | |

**SEE REVERSE SIDE FOR ADDITIONAL INFORMATION**

DOL-800 (R-8/02)

|  |  |
| --- | --- |
|  | **Record of Conversation** |

|  |  |
| --- | --- |
| **Employee Information** | |
| Name: | Date of Conversation: |
| Supervisor Name: | Date(s) of Infraction: |
| **Reason for Conference** | |
| Policy Violation  Safety Violation  Personal Conduct  Work Performance  Other:  *Provide Short Summary:* | |
| **Description of Events** | |
| Policy Violation  Safety Violation  Personal Conduct  Work Performance  Other: | |
| **Action Taken** | |
| Record of Conversation  First Report in Writing  Second Report in Writing  Third Report in Writing  Final Report in Writing  Termination of Employment  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Employee Comments** | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Employee Signature: | Date: |
| Note: Employee's signature shows only that the employee has seen this document and is not necessarily in agreement. | |
| Supervisor’s Signature: | Date: |
| **Human Resources** | |
| Received by: | Date: |

Distribution: Original to - Employee’s Personnel File in Human Resources Copies to - Employee and Supervisor

**SUMMARY OF TERMINATION RATIONALE VIOLATIONS**

Employee Number XXX SSN: \*\*\*-\*\*-\*\*\*\*

EMPLOYEE NAME – **EXHIBIT A**

|  |
| --- |
| **TIMELINE OF EVENTS** |
|  |

**CONDITIONS UPON DISCHARGE**

Employee Number XXX SSN: \*\*\*-\*\*-\*\*\*\*

EMPLOYEE NAME – **EXHIBIT B**

Employer: SSN:

REF #: Name:

|  |
| --- |
| **EMPLOYER’S INFORMATION ON DISCHARGE**  *For Failure To Obey Orders, Rules Or Instructions Or Failure To Perform The Duties For Which They Were Hired* |
| 1. What date was the employee advised he/she was discharged?      1. What was the reason this person was discharged on this particular day? Give full details.      1. Who told this employee that he/she was discharged? (Name/Title)      1. Explain in detail the effect that the employee’s actions had on your business.      1. Explain the policy, order, rule or instruction did this employee fail to follow?      * 1. What date did the violation described occur      * 1. When was this employee advised of the rule or policy?      * 1. How would this employee have known about the rule or policy prior to violation?      1. Give exact dates and details about any warnings given to the employee. If employee was advised he/she was in danger of losing his/her job, who told him/her, whether the warning was written or verbal and the nature of the warning. |

**CONFIRM PERSONAL INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Confirm | Change |
| Name: |  |  |  |
| Previous Names: |  |  |  |
| Address: |  |  |  |
| Personal Phone Number: |  |  |  |
| Other Personal Phone #: |  |  |  |
| Personal Email Address: |  |  |  |
| Date of Birth: |  |  |  |
| Employee No. |  |  |  |
| Hire Date |  |  |  |
| Employment Length |  |  |  |
| Last Date |  |  |  |
| First Position |  |  |  |
| Final Position |  |  |  |
| Status |  |  |  |
| Starting Salary |  |  |  |
| Final Salary |  |  |  |

**CONFIRM BENEFIT INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Yes | No | Comments |
| Health Insurance | Will continue to the end of the month (*required if you have health insurance*) |  |  |  |
|  | Will need COBRA coverage |  |  |  |
| Dental Insurance | Will continue to the end of the month (*required if you have health insurance*) |  |  |  |
|  | Will need COBRA coverage |  |  |  |
| Vision | Will continue to the end of the month (*required if you have health insurance*) |  |  |  |
|  | Will need COBRA coverage |  |  |  |
| Flexible Spending | You have \_\_\_\_\_ amount in FSA. You will need to use it prior to your last day |  |  |  |
| Retirement Plan | Contact 1-800-842-2776 to change your information and discuss options |  |  |  |
| Vacation Leave | Submit your final timesheet to begin the process for vacation pay out. |  |  |  |
| Life Insurance | Would you like to get rates to convert your life insurance? |  |  |  |

**RETURN DOCUMENTS AND EQUIPMENT + PAY OUTSTANDING COSTS**

|  |  | Submitted | Will Submit | N/A | Comments |
| --- | --- | --- | --- | --- | --- |
| **Timesheets** |  |  |  |  |  |
| **Final Expense Report** |  |  |  |  |  |
| **Cancel Services** | CIS Paid Home Phone |  |  |  |  |
| CIS Paid Internet Service |  |  |  |  |
| CIS Paid Cell Phone |  |  |  |  |
| CIS Paid Fax Service |  |  |  |  |
| **Return Access Materials** | Office Key |  |  |  |  |
| Main Door Key |  |  |  |  |
| Key Fob: 18333 |  |  |  |  |
| Parking Card |  |  |  |  |
| Building Access Card |  |  |  |  |
| **Credit Cards** | VISA Credit Card |  |  |  |  |
|  | Other Business Credit Cards |  |  |  |  |
| **Return CIS Equipment** | Laptop and wires |  |  |  |  |
| Cell Phone and wires |  |  |  |  |
| Computer and wires |  |  |  |  |
| USBs and wires |  |  |  |  |
| External Hard drive and wires |  |  |  |  |
| LCD Projector and wires |  |  |  |  |
| Printer, Fax machine, Scanner |  |  |  |  |
| Any borrowed equipment |  |  |  |  |

**CONFIRM TRANSITIONAL INFORMATION**

**SCHEDULED MEETINGS:** *(Press Tab Add Additional Meetings)*

|  |
| --- |
| **Meeting 1:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Meeting Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Description & Purpose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Things To Do and Know Prior to Meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Information for Key Contacts: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **After Meeting Follow Up: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**OUTSTANDING ACTIVITIES:** *(Press Tab Add Additional Activities)*

|  |
| --- |
| **Activity 1:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Due Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Description & Purpose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Things To Do and Know Prior to Completing Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Information for Key Contacts: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Follow Up with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**PEOPLE TO STAY IN TOUCH WITH:** *(Press Tab Add Additional Contacts)*

|  |
| --- |
| **Contact 1:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Project Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Additional Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Username | Password | Website | Description |
| Passwords to remember |  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| Additional information about Your work that the next person should know |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact you for additional information | Yes  No | Your Contact Information |  |

**COMPLETE EXIT INTERVIEW (Next Page)**

**EXIT INTERVIEW**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Hire Date |  | Date: |  |
| Job Title | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Supervisor | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Department: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Exit Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Please take a moment to complete the following questionnaire. We regret losing you as an employee and hope that through this questionnaire we can identify problem areas and rectify undesirable situations. This form will NOT become a part of your personnel file, and will NOT affect your rehire status. Your cooperation is appreciated. | | | | | |

**What are your reasons for leaving employment?**

Other Position  Opportunity for Advancement

Too Demanding and Stressful  Return to School

Relocation  Medical

Childcare  Dissatisfaction with Work

Dissatisfied with Type of Work  Working Conditions

Benefits and Pay  Hours

Supervision  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you are leaving for a new position, what makes it more attractive than the one you are leaving?**

Wages and Benefits  Opportunity/Advancement

Working Conditions  Hours

Location  Responsibility

Flexibility  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What did you like most about your job?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What did you like least about your job?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you feel training opportunities were made available to you? Yes [ ] No [ ]**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What types of trainings do you feel would have been useful for you?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you believe you were given access to and realistic consideration for promotional opportunities within the organization? Yes [ ] No [ ]**

*If no please explain:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have the appropriate equipment and resources necessary to perform your job? Yes [ ] No [ ]**

*How could we make improvements:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Was your salary satisfactory for the job you were performing? Yes [ ] No [ ]**

*If no please explain:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Were you satisfied with the employee benefits provided? Yes [ ] No [ ]**

*How do you think we could improve our benefits package?*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Was the physical working environment comfortable and conducive to productivity? Yes [ ] No [ ]**

*Do you have any suggestions for improvement:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Was the job realistically presented to you when you were hired (or recently changed positions)?**

**Yes [ ] No [ ]** *If no please explain:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have any suggestions for company improvement? Yes [ ] No [ ]**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are there are changes which could have been made to prevent you from leaving? Yes [ ] No [ ]**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How would you rate the following?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Excellent** | **Good** | **Fair** | **Poor** | **Comments** |
| Performance Reviews |  |  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Opportunity for Advancement |  |  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Training Received |  |  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Company Policies and Practices |  |  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Responsibilities |  |  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Hours |  |  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Support by Management |  |  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Work Load |  |  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Salary |  |  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Benefits |  |  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Did your supervisor:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Comments** |
| Demonstrate fair and equal treatment? |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Provide recognition on the job? |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Keep employees well informed? |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Make themselves available for discussion of any problems or potential problems |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Encourage feedback? |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Explain the position and responsibilities of the job you held? |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**What were some of the frustrations you experienced in the performance and execution of job responsibilities?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Overall Comments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_