



# EXIT INTERVIEW

(To be completed by exiting employee)

Name \_\_\_\_\_ ID # \_\_\_\_\_  
(Optional) (Optional)

Position \_\_\_\_\_ Supervisor \_\_\_\_\_

Department/Office \_\_\_\_\_

Hire Date \_\_\_\_\_ Departure Date \_\_\_\_\_

*The following information is requested to assist in the review and improvement of employment practices at Wake Forest University. It will in no way jeopardize any references given from Wake Forest University. Thank you for your time and assistance.*

**Please check the appropriate responses**

1. Sex:  Male  Female

2. Race/Ethnicity:

- Black non-Hispanic
- American Indian or Alaskan
- Asian or Pacific Islander
- Hispanic
- White non-Hispanic

3. Reason for leaving your current position:

- Resignation
- Disability
- Dismissal
- Retirement
- Reduction in Force

4. Please list other factors which contributed to the decision to leave your current position:

- |                                                              |                                                        |
|--------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Better job opportunity              | <input type="checkbox"/> Family Circumstances          |
| <input type="checkbox"/> Working Conditions                  | <input type="checkbox"/> Health                        |
| <input type="checkbox"/> Content of Work                     | <input type="checkbox"/> Going to School               |
| <input type="checkbox"/> Salary                              | <input type="checkbox"/> Military School               |
| <input type="checkbox"/> Supervision                         | <input type="checkbox"/> Self Employment               |
| <input type="checkbox"/> Management                          | <input type="checkbox"/> Moving from Area              |
| <input type="checkbox"/> Commuting Distance                  | <input type="checkbox"/> Better Fringe Benefit Package |
| <input type="checkbox"/> Lack of Opportunity for Advancement | <input type="checkbox"/> Unsatisfactory Performance    |
| <input type="checkbox"/> Conduct                             |                                                        |
| <input type="checkbox"/> Other (explain) _____               |                                                        |

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

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| 5. Please rate the following as either:           | Excellent                | Good                     | Fair                     | Poor                     |
|---------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Fringe Benefits                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. General Policies and Procedures                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Physical Working Conditions                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Workload                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Treated with Respect & Dignity                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. On-the-job Training                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Cooperation within the department              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Explanation of job duties                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Feedback on performance                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Communications between you and your supervisor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Supervision                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Management                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. Did you experience any inappropriate personal conduct or discriminatory treatment due to race, color, sex, religion, national origin, age, disability, sexual orientation, marital status or veteran status?

No  Yes  If yes, explain \_\_\_\_\_  
\_\_\_\_\_

Did you attempt to resolve or seek remedy of the situation? No  Yes

7. Would you recommend this department to a friend as a place to work? No  Yes

8. Would you recommend the University to a friend as a place to work? No  Yes

9. What suggestions would you make for improving the work environment at Wake Forest University?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. What factor, if any, would influence you to continue employment with the University?  
\_\_\_\_\_  
\_\_\_\_\_

11. Would you care to report any "regulatory violations" of which you are aware?  
\_\_\_\_\_  
\_\_\_\_\_

REMARKS:

Signature of Employee: \_\_\_\_\_  
(Optional)

Date: \_\_\_\_\_

*Again, thank you for assisting Wake Forest University in its efforts to improve the work environment for its employees.*