

EXIT QUESTIONNAIRE



Name (optional): \_\_\_\_\_  
 Department: \_\_\_\_\_  
 Length of employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Position held: \_\_\_\_\_  
 Interviewer's name and title: \_\_\_\_\_  
 Date: \_\_\_\_\_

**General Information**

Employee's current mailing address: \_\_\_\_\_

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

Termination date and reason for leaving: \_\_\_\_\_

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

Length of service and time in present job: \_\_\_\_\_

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

Final salary and the date and amount of the last increase: \_\_\_\_\_

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

Supervisor's comments on the reason for leaving: \_\_\_\_\_

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

Supervisor's recommendations regarding future re-employment: \_\_\_\_\_

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

Are any releases required to be signed at this time? Yes \_\_\_ No \_\_\_ If so, which releases? \_\_\_\_\_

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

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

**Benefits Information**

Continuation of health benefits: \_\_\_\_\_

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

Has employee been given notice of COBRA continuation benefits? Yes \_\_\_  
No \_\_\_ If no, when will notice be given? \_\_\_\_\_

Details relating to unemployment insurance benefits: \_\_\_\_\_

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

Explained the company's policy on possible future re-employment and post-employment references: Yes \_\_\_ No \_\_\_

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

Amount of unused sick or personal time: \_\_\_\_\_

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

Details relating to a severance package: \_\_\_\_\_

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

Reminded employee to remove any personal belongings? Yes \_\_\_ No \_\_\_

Checklist for items to be returned by employee:

- \_\_\_ City credit cards
- \_\_\_ Computers, cell phones, pagers, or other electronic equipment
- \_\_\_ Keys to buildings, city car
- \_\_\_ Pass cards to building
- \_\_\_ Other items in employee's possession