(Practice Name)
Employee Exit Survey

Please take the time to answer these questions as honestly as possible. The information you provide will help (Practice Name) to better understand the reason employees leave our organization. All responses are confidential and individual answers will not be shared. No information from this survey will be placed in your personnel file. This is important information and we thank you in advance for your cooperation.

Name: (Optional) _____

Position Title: _____ Manager/Supervisor: _____

Hire/Rehire Date: _____ Termination Date: _____

Employment Status:
- Full Time _____
- Part-Time _____
- Temporary _____
- Casual _____

Reason for Leaving: (Rank top three (3), with 1 being the most Important)
- Work Conditions ____
- Career Opportunity ____
- Pay Rate/Salary ____
- Lack of Recognition ____
- Personal/Family Situation ____
- Quality of Supervision ____
- Type of Work ____
- Other (Please explain) ____

Before leaving **(Practice Name),** did you apply for other internal positions?

Yes _____ No _____ Comments: _____

Please comments: _____ _____

_____ _____

How would you rate **(Practice Name**) in the following areas:

	Poor	**Fair**	**Good**	**Excellent**
Communication within **(Practice Name**) as a whole				
Communication within your Practice and Administration				
Communication between you and your manager/supervisor				
Teamwork/Cooperation within your Practice/Administration				
Teamwork/Cooperation between Practice/Administration				
Quality of new employee orientation you received				
Quality of the continuing education/training you received				
Opportunity of professional advancement with **(Practice Name)**				

What was your feeling about the workload?

Too much _____ OK _____ Not Enough _____ Varied _____

Please comment:_____

_____

_____

_____

How would you rate your management/supervisor in the following areas:

	Poor	Fair	Good	Excellent
Recognition of employee for a job well done				
Creating chances for input and discussion of ideas				
Fair and equal treatment of all employees				
Quality of performance reviews				
Quality of other performance feedback if any				
Consistent application of policies and procedures				
Encouraged a sense of teamwork/cooperation				
Follow-up on concerns/complaints/cooperation				

Please comment: _____

_____

_____

_____

How would you rate the salary and benefits you received from **(Practice Name**):

	Poor	Fair	Good	Excellent
Pay Rate/Salary				
Benefit Package:				
Medical and Dental				
PTO				
Tuition Assistance				
Retirement (Pension)				

Did the salary and benefits package offered by your new employer influence your decision to leave **(Practice Name)**?

Yes _____ No _____ N/A _____

Please comment:

_____

_____

What was the best part about working at **(Practice Name)**?

_____

_____

What did you like the least about working at **(Practice Name)**?

_____

_____

What is the best part about your new job?

_____

_____

What did you like least about your new job?

_____

_____

Would you return to **(Practice Name)** if you had the chance? Yes_____ No_____

Please comment:

_____

_____

Would you recommend employment at **(Practice Name)** to a friend of family member?

Yes _____ No _____

While employed by **(Practice Name)**, did you have knowledge of any wrongdoing, unethical behavior or criminal conduct?

Yes _____ No _____

If yes, please describe below:

_____

_____

_____

_____

_____

_____

While employed by **(Practice Name)**, did you have knowledge of any unsafe or unsound business practice?

Yes _____ No _____

If yes, please describe below:

_____

_____

_____

_____

_____

_____

Please provide any additional comments you would like to make:

_____

_____

_____

_____

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_____