

**OFFICE OF HUMAN RESOURCES  
EMPLOYEE EXIT QUESTIONNAIRE  
(TO BE COMPLETED BY EMPLOYEE)**

Date: \_\_\_\_\_ Gender: \_\_\_\_\_ Employee Class: \_\_\_\_\_ Part or Full Time: \_\_\_\_\_

Reason for Separation: \_\_\_\_\_ (Additional comments may be written at the bottom of this page.)

Choose the option which best describes your feelings about the following aspect of your employment.

Job Duties: \_\_\_\_\_ Salary: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Co-Workers: \_\_\_\_\_

Advancement Opportunities: \_\_\_\_\_ Benefits Program: \_\_\_\_\_ Recognition: \_\_\_\_\_

Working Environment: \_\_\_\_\_ Employee Education Assistance: \_\_\_\_\_ Parking: \_\_\_\_\_

Training and Development Programs: \_\_\_\_\_ Overall, as a Place to Work: \_\_\_\_\_

Comments / Remarks:

Employee Name (Optional): \_\_\_\_\_ Department: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature (Optional)

*Thank you for completing the Employee Exit Questionnaire Form.  
Please return this form to Human Resources in an envelope marked "Confidential."*