## Exit Interview Questionnaire

**Employee’s Name:**

**Department/Unit:**

**Position Title:**

**Date Hired:**

**Termination Date:**

**Reason for Departure:**
- [ ] Resignation
- [ ] Retirement
- [ ] End of Contract
- [ ] Other Reason (specify)

Could you please rate the following aspects of your employment experience with Memorial University?

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Poor</th>
<th>Very Poor</th>
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<tbody>
<tr>
<td>Salary level and compensation practices generally</td>
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<td>Comments:</td>
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<td>Insurance benefits</td>
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<td>Comments:</td>
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<td>Pension plan</td>
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<td>Comments:</td>
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<td>Opportunities for growth and advancement</td>
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<td>Comments:</td>
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<td>Direction received from your Supervisor/Head</td>
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<td>Support received from your Supervisor/Head</td>
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<td>Comments:</td>
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<td>Quality of training and development programs</td>
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<td>Comments:</td>
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<td>Relationships with co-workers</td>
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<td>Comments:</td>
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<td>Physical working conditions</td>
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<td>Comments:</td>
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</table>
Job satisfaction

- Very High
- High
- Average
- Low
- Very Low

Comments:

Overall satisfaction with Memorial as an employer

- Very High
- High
- Average
- Low
- Very Low

Comments:

Overall satisfaction with the Department I am leaving

- Very High
- High
- Average
- Low
- Very Low

Comments:

Could you please indicate what you enjoyed the most about your employment with Memorial?

Comments:

Could you please indicate what you enjoyed the least about your employment with Memorial?

Comments:

Are there any particular changes or improvements you would suggest be considered in the Department or Unit you are leaving?

Comments:

May we provide a copy of this Exit Interview Questionnaire to your Dean or Director?

- YES
- NO

If NO, Signature of Employee:

Do you have any further comments or suggestions of a general nature?

Comments:

Interview Date: 

Interviewed By: 

Interviewer’s Signature:

OPTION TO DECLINE: I have been informed that I have the option of completing a confidential exit interview with a representative of the Department of Human Resources, but I have decided I do not wish to avail of this opportunity.

Employee’s Signature: Date:

Access to Information and Protection of Privacy

The information gathered on this form is collected under the authority of the Memorial University Act (RSNL 1990 c M-7). The information is used for administrative purposes of the University, including maintaining records. This form will be used as a permanent record and may be stored electronically for future reference. Questions regarding the collection or use of this personal information should be directed to Employee Relations, Department of Human Resources, Arts and Administration Building, Memorial University of Newfoundland, 709-737-7404.