

EMORY UNIVERSITY

Exit Interview Questionnaire

To complete this questionnaire online, please go to <http://emory.hr.emory.edu/exit>

Please take a few minutes to share your thoughts and suggestions about your employment with Emory. This information will be kept confidential. **Please Note:** if you already have completed a questionnaire, you need not complete another one.

Name _____ **Date of Hire** _____

Department _____ **Date of Separation** _____

Job Title _____ **Supervisor** _____

1. **What was (were) the factor(s) that contributed to your decision to separate employment with Emory? (Check all that apply.)**

| | |
|--|---|
| <input type="checkbox"/> Family Circumstances | <input type="checkbox"/> Job Dissatisfaction |
| <input type="checkbox"/> Health Reasons | <input type="checkbox"/> Working Conditions |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Salary |
| <input type="checkbox"/> Relocation | <input type="checkbox"/> Benefits |
| <input type="checkbox"/> Supervisor/Manager | <input type="checkbox"/> Return to School |
| <input type="checkbox"/> Promotional Opportunity | <input type="checkbox"/> Other (please explain) |

2. **Would you consider working at Emory in the future?**
 Yes No Unsure

3. **Would you recommend Emory as a place of employment?**
 Yes No

4. **Were your expectations of Emory met during your employment?**
 Yes No

If no, why?

5. **What was the most meaningful aspect of your employment?**
- _____
- _____
- _____

6. What was the least meaningful aspect of your employment?

7. Do you have any suggestions or comments that would make Emory a better place to work?

8. Before making your decision to leave Emory, did you explore the possibility of a transfer to another department or discuss your decision with your Supervisor?

Yes No

If yes, which options were explored?

9. If you have accepted other employment, what does your new job offer that employment with Emory did not offer?

10. Please rate the following items as they relate to employment with Emory in general:

| | Excellent | Average | Needs Improvement |
|-----------------------------|-----------|---------|-------------------|
| Advancement Opportunity | | | |
| Courtesy Scholarship | | | |
| Dental Insurance | | | |
| Employee Assistance Program | | | |
| Life Insurance | | | |
| Medical Insurance | | | |
| Medical Leave Plan | | | |
| Rate of Pay | | | |
| Retirement | | | |
| Sick Leave | | | |
| The Well House | | | |
| Tuition Reimbursement | | | |
| Vacation Leave | | | |

11. Please rate the following items as they relate to your Department:

| | Excellent | Average | Needs Improvement |
|-----------------------------------|-----------|---------|-------------------|
| Communication within department | | | |
| Communication between departments | | | |
| Employee morale | | | |
| Cooperation within department | | | |
| Cooperation between departments | | | |
| Orientation/training received | | | |
| Resources provided | | | |

12. Please rate the following items as they relate to your Supervisor:

| | Excellent | Average | Needs Improvement |
|---|-----------|---------|-------------------|
| Treats employees fairly | | | |
| Handles complaints/problems | | | |
| Recognizes/gives feedback to employees | | | |
| Receptive to and implements suggestions | | | |
| Conducts annual performance evaluations | | | |

13: Additional Comments:

14. May Human Resources contact you for additional information? ____ Yes ____ No

Home Phone: _____
 Work Phone: _____
 E-Mail Address: _____

Please return this questionnaire in the enclosed self-addressed envelope.