



Exit Interview Survey

Date / /

Name _____
 Position _____
 Supervisor _____

Department _____

Hire Date / /

Date of Separation / /

The information obtained from exit interviews is used as a management tool in determining areas of potential concern. All responses are confidential and will not become part of the employee's personnel file unless otherwise stated.

Request that comments remain anonymous? Yes No

From the list below, circle your most important reason for leaving	From the list below, circle your most important reason for accepting employment elsewhere
<input type="checkbox"/> Pay <input type="checkbox"/> Working Conditions <input type="checkbox"/> Benefits <input type="checkbox"/> Location <input type="checkbox"/> Amount of work required <input type="checkbox"/> Dissatisfied with supervisor/politics <input type="checkbox"/> To be at home <input type="checkbox"/> Pursue education <input type="checkbox"/> Illness <input type="checkbox"/> Transportation <input type="checkbox"/> Retirement <input type="checkbox"/> Other, specify _____	<input type="checkbox"/> Pay <input type="checkbox"/> Working Conditions <input type="checkbox"/> Benefits <input type="checkbox"/> Location <input type="checkbox"/> Pursue education/tuition waiver <input type="checkbox"/> Advancement <input type="checkbox"/> Good Opportunity <input type="checkbox"/> Other, specify _____

Please express your feelings about each of the following aspects of your employment.
 Rate each item 1, 2, or 3, 1 being below expectations, 2 met expectations, and 3 exceeded expectations.
 If you rate any of the items below expectations, please explain in the comment section below.

Your Job			
Item	Below Expectations	Meeting Expectations	Exceeding Expectations
Opportunity to use your abilities and skills			
Training you received			
Interesting/challenging work			
Amount of work required			
Recognition of a job well done			
Cooperation within your department			
Cooperation with other departments			
Your sense of accomplishment			
Facilities			
Office/lab/shop equipment			
Parking			
University Circle Safety			
Comments			



Your Supervisor and Co-Workers

Item	Below Expectations	Meeting Expectations	Exceeding Expectations
Overall working relationship w/ your supervisor			
Overall working relationship w/ your co-workers			
Your supervisor's managerial skills			
Your supervisors technical skills			
Co-Workers technical skills			
Comments			

Communication, Policies, and Practices

Item	Below Expectations	Meeting Expectations	Exceeding Expectations
Promotion policies and practices (job posting			
Opportunity to talk with your supervisor			
Opportunity to make suggestions			
Opportunity to register complaints			
Comments			

Compensation and Benefits

Item	Below Expectations	Meeting Expectations	Exceeding Expectations
Starting salary			
Ending salary			
Annual review(s) of your performance			
Annual review(s) of your salary			
Medical Insurance			
Dental Insurance			
Retirement Plan			
Life Insurance			
Long-term Insurance			
Tuition Waiver			
Comments			

If the department seeks a replacement for you, in your opinion what kind of qualifications, skills and interest should that individual possess? _____

What type of employee programs should the Human Resources Department initiate? _____

Would you consider working for KCI again? [] Yes [] No
If no, please explain _____

Would you recommend KCI as an employer to others? [] Yes [] No
Why or why not? _____

Do you have any suggestions for making KCI a better place to work? _____



Additional comments _____

If you are moving, please provide your forwarding address and phone number. If a forwarding address is not available, list the name and phone number of a contact.

Name	
Address	
City, State, Zip	
Relative or Contact Phone Number	