



## EXIT INTERVIEW FORM

Employee Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Termination Date: \_\_\_\_\_

### **Reason for Termination**

#### Involuntary

- Lay Off
- Position Eliminated
- Attendance
- Reorganization
- Violation of Company Policy
- Other: \_\_\_\_\_

#### Voluntary

- Personal Reasons
- Took Another Position
- Retirement
- Relocating
- Returning to School
- Other: \_\_\_\_\_

### **Questionnaire:**

What is your primary reason for leaving? If multiple, please specify.

---

---

---

Would you consider returning to work for ICILS in the future?     Yes     No

What did you find most satisfying about your job?

---

---

---

What did you find the most difficult about your job?

---

---

---

Would you recommend working for ICILS to a colleague or friend?  Yes  No

Is there anything that ICILS could have done to prevent you from leaving?

---

---

---

How can ICILS improve satisfaction in your position?

---

---

---

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_