

**EMPLOYEE EXIT QUESTIONNAIRE**  
(TO BE COMPLETED BY EMPLOYEE)

Gender:                       Female                       Male

Department: \_\_\_\_\_

Reason for Leaving:       Relocation       Health                       New Job

Other \_\_\_\_\_ (additional comments may be written on back)

Check the box, which best describes your feelings about the following aspects of your employment. This information will be kept confidential in that you are not required to put your name on the form.

	Very Satisfied	Satisfied	Dissatisfied
Duties of the Job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training & Development Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities for Advancement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salary Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benefit Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working Conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working Hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-Workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, as a place to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Any additional comments may be written on back)

\_\_\_\_\_  
Employee Signature (optional)

Note: Thank you for completing the Employee Exit Questionnaire Form. Please return the form to Human Resources; 12565 Research Parkway, Suite 360; Orlando, FL, 32826-2912 in an envelope marked "**CONFIDENTIAL**".