

	<p>Current Revision: <i>ver 1.0</i></p> <p>Policy Number: _____</p>	
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EXIT INTERVIEWS (GUIDELINES & REGULATIONS)

DOCUMENT APPROVAL

	Name	Signature	Date
Responsible Person:			

Key words:

Reference documents:

Applicability: *This policy is applicable to all employees.*

Employee Details

Name: _____

Date: _____

Department: _____

Supervisor: _____

Employment Date _____

Termination Date _____

New Address: _____

Telephone _____

Cellular _____

Interviewer

Name: _____

Department: _____

Briefly indicate why you are leaving the Municipality and what conditions initiated the leave:

What is your overall opinion of our Municipality?

Please rate the following using this scale- 1=excellent 2=good 3=fair 4=poor

Pay

Municipality's concern with quality and excellent services

Growth opportunities

Keeping employees informed

Upholding Municipality values

Morale in your area

Recognition given to employees for a job well done

Job posting opportunities were well communicated

Benefits

Interest in employees

Physical working conditions

Treating employees fairly

Open door policy

Human Resources was helpful and knowledgeable

Equipment provided to do my job properly

Incentive/bonus program

The image of our Municipality

Recruiting process

Initial training

Ongoing training

Morale overall

Performance review program

Cooperation among all employees and management

Resources given to employees to do their jobs

Additional comments about the above:

Do you have another job? If yes, how do you believe it compares to our Municipality?

What did you like about your job? _____

What did you like least about your job? _____

What could have been done to encourage you not to leave? Was this made known to your supervisor prior to your leaving?

Why did you originally join the Municipality?

What did you like the most about the Municipality? _____

What did you like least about the Municipality? _____

Would you be interested in returning to our Municipality? Why?

Do you have any objection to our sharing your responses with your managers?

Yes ☐ **No** ☐

Do you think our Municipality lives up to the values that have been chosen?

Yes ☐ **No** ☐ If no, which value(s) did we not live up to? Why did we not live up to that value(s)? What was the reason? How can we change what we are doing to insure that we do live up to our values?

Do you have any further suggestions that will help us improve?

Any other comments that you would like to add at this time? _____

Are you moving or planning to move:

Yes ☐

No ☐

New Address: _____

Is written resignation attached for voluntary separation:

Yes ☐

No ☐

My reason for leaving the Municipality has nothing to do with a work-related problem or grievance.

Agree ☐

Disagree ☐

How would you rate the following?

Item	Excellent	Good	Fair	Poor	Comments
Overall work experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Overall communication with employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Departments communication with employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The training you received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Potential for career growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Opportunity for advancement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The Municipality's overall ability to deal fairly with the employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

How did you feel about your salary and employee benefits provided by the Municipality?

Item	Good	Fair	Poor	Comments
Remuneration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medical Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Retirement Fund	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Are there any other benefits you feel should have been offered?

Yes ☐ No ☐

If yes, please specify _____

Are there any problems that you know about or you have heard others talking about concerning the Municipality?

Remarks:

Other comments/interviewer's assessment:

1.	<p>When did you first start to think about leaving The Municipality? What happened at that time to make you feel you should make a change?</p> <p>_____</p> <p>Since then, what other situations have come up to help you solidify your decision to leave?</p> <p>_____</p>
2.	<p>Did you understand the accountabilities, objectives and expectations for your current role? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If NO, what could have been done to ensure that you had a clear understanding?</p> <p>_____</p>
3.	<p>Do you understand how your job accountabilities/objectives impact The Municipality? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Comment.</p> <p>_____</p>
4.	<p>Did you receive adequate training for you job? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If NO, what other training should have been provided?</p> <p>_____</p>
5.	<p>Did you find your job challenging? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If NO, what could have been done to make it more challenging?</p> <p>_____</p>
6.	<p>Was your workload: Too heavy <input type="checkbox"/> Acceptable <input type="checkbox"/> Too light <input type="checkbox"/></p> <p>If too heavy or too light, please explain when and why. _____</p> <p>If too heavy, did you feel you received recognition/support? Did you make suggestions to your manager? What was the result? _____</p>
7.	<p>Did you feel that your performance was evaluated fairly? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If NO, please explain.</p> <p>_____</p> <p>What did you think of the:</p> <p>a) Frequency of formal feedback Too much <input type="checkbox"/> About right <input type="checkbox"/> Not enough <input type="checkbox"/></p> <p>b) Frequency of informal feedback Too much <input type="checkbox"/> About right <input type="checkbox"/> Not enough <input type="checkbox"/></p> <p>c) Timeliness of feedback Timely <input type="checkbox"/> Not timely <input type="checkbox"/></p> <p>d) Overall quality of feedback Excellent <input type="checkbox"/> Good <input type="checkbox"/> Needs improvement <input type="checkbox"/></p>
8.	<p>How did you feel about your opportunities for Career advancement:</p>

	<p>a) Within your department? Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Limited <input type="checkbox"/> No opportunities <input type="checkbox"/></p> <p>b) Within The Municipality? Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Limited <input type="checkbox"/> No opportunities <input type="checkbox"/></p> <p>c) Within The Municipality? Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Limited <input type="checkbox"/> No opportunities <input type="checkbox"/></p> <p>Comment: _____</p>			
9.	<p>How much influence would each of the following have had in encouraging you to stay?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Money <input type="checkbox"/> Benefits <input type="checkbox"/> Career Opportunities <input type="checkbox"/> Interesting/challenging work <input type="checkbox"/> Recognition (non-financial) <input type="checkbox"/> Change in Municipality policies/procedures <input type="checkbox"/> Change in hours <input type="checkbox"/> Opportunity to work full-time <input type="checkbox"/> Opportunity to work part-time <input type="checkbox"/> Ability to balance work and family life <p>Notes: _____</p>	<p>A Great Deal</p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Some</p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>None</p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
10.	<p>How would you rate your Supervisor on the following topics?</p> <ul style="list-style-type: none"> a) Gives fair and equal treatment Excellent <input type="checkbox"/> Good <input type="checkbox"/> Needs Improvement <input type="checkbox"/> Poor <input type="checkbox"/> b) Gives positive and constructive feedback Excellent <input type="checkbox"/> Good <input type="checkbox"/> Needs Improvement <input type="checkbox"/> Poor <input type="checkbox"/> c) Gives recognition Excellent <input type="checkbox"/> Good <input type="checkbox"/> Needs Improvement <input type="checkbox"/> Poor <input type="checkbox"/> d) Solves staff concerns/complaints Excellent <input type="checkbox"/> Good <input type="checkbox"/> Needs Improvement <input type="checkbox"/> Poor <input type="checkbox"/> e) Welcomes suggestions and ideas Excellent <input type="checkbox"/> Good <input type="checkbox"/> Needs Improvement <input type="checkbox"/> Poor <input type="checkbox"/> f) Develops teamwork and cooperation Excellent <input type="checkbox"/> Good <input type="checkbox"/> Needs Improvement <input type="checkbox"/> Poor <input type="checkbox"/> g) Gives clear instructions Excellent <input type="checkbox"/> Good <input type="checkbox"/> Needs Improvement <input type="checkbox"/> Poor <input type="checkbox"/> h) Follows consistent application of policies Excellent <input type="checkbox"/> Good <input type="checkbox"/> Needs Improvement <input type="checkbox"/> Poor <input type="checkbox"/> <p>Notes: _____</p>			

11.	<p>Have you accepted a new position elsewhere? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, is it a similar job? _____ What type of job is it? _____ What does your new position offer that The Municipality did not? _____</p>
12.	<p>How would you describe the environment in _____ ? a) Your department _____ b) The Municipality _____</p>
13.	<p>Would you consider working for The Municipality in the future? a) Your department Yes <input type="checkbox"/> No <input type="checkbox"/> b) The Municipality Yes <input type="checkbox"/> No <input type="checkbox"/> Why? _____</p>
14.	<p>Would you recommend The Municipality to a friend as a good place to work? a) Your department Yes <input type="checkbox"/> No <input type="checkbox"/> b) The Municipality Yes <input type="checkbox"/> No <input type="checkbox"/> Why? _____</p>
15.	<p>Do you have any comments or suggestions on how we can make The Municipality a better place to work? a) Your department Yes <input type="checkbox"/> No <input type="checkbox"/> b) The Municipality Yes <input type="checkbox"/> No <input type="checkbox"/></p>
16.	<p>Would you recommend The Municipality to friends? Yes <input type="checkbox"/> No <input type="checkbox"/> If NO, why? _____</p>
17.	Reason for leaving code for payroll: _____
18.	Additional comments (use other side as needed) _____

Part 1. Separation Reasons

**Please rank the top 3 reasons you decided to leave THE MUNICIPALITY,
 1 indicates the most significant reason and 3 indicates the least:**

Personal:	Working Conditions:
Attend School	Hours / Shifts
Relocation	Workload
Marriage / Family	Co-Workers
Maternity / Illness	Supervisor
Child Care	Management

Career Opportunity:	Other:
Career Change	Location
Promotional Opportunities	Involuntary Termination
Salary	End of temp. employment
Benefits	Retirement
Educational Opportunities	Job Elimination

Where are you going? What will you be doing?

Part 2. Employment Experiences at the Municipality

Please rate your employment experience at the Municipality in the following areas, using a scale of 0 to 5. Please circle the number.

1 – Unacceptable	2 – Poor	3 – Average	4 – Good	5 – Excellent
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OVERALL EXPERIENCE	RATING
1. Please rate your overall employment experience. Comment:	1 2 3 4 5
2. Have you felt a sense of pride and challenge in your position? Comment:	1 2 3 4 5
3. Do you think you were treated fairly – regardless of age, race, creed, disability, marital status, sexual orientation, national origin, and sex? Comment:	1 2 3 4 5
4. How would you rate communication throughout the Municipality? Comment:	1 2 3 4 5
5. How would you rate the cooperation among departments? Comment:	1 2 3 4 5

6. Did you believe that your work experience at the Municipality allowed for a chance for promotion? Was there opportunity for growth and advancement? Comment:	1 2 3 4 5
RELATIONS WITH HUMAN RESOURCES DEPARTMENT	
1. Please rate the HR orientation program. Comment:	1 2 3 4 5
2. Were you able to receive assistance from Human Resources Department when needed or requested? Comment:	1 2 3 4 5
OTHER	
1. Please rate the quality of the Municipality employees' Service Excellence skills. Comment:	1 2 3 4 5
2. What did you like best about your job?	
3. What did you like least about your job?	

Part 3. Recommendation and Suggestions

1. What three suggestions would you like the management at The Municipality to consider?

a. b. c.

2. Would you recommend the Municipality to a friend as a place to work? Why or why not?

<input type="checkbox"/> Yes, definitely	<input type="checkbox"/> Yes, with reservation	<input type="checkbox"/> No
Comment:		

3. If you had the opportunity to return to work at the Municipality sometime in the future, would you consider it? Why or why not?

<input type="checkbox"/> Yes, definitely	<input type="checkbox"/> Yes, with reservation	<input type="checkbox"/> No
Comment:		

4. Can I share this information with current management?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comment:	

Other Comments:

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Interviewer's Comments:

Employee Signature: _____	Date: ____/____/____
Interviewer Signature: _____	Date: ____/____/____