

EXIT INTERVIEW QUESTIONNAIRE

Please give this form to Mandy Grey upon completion

Employee's Name _____

Job Title _____

Department _____

Dates of Employment _____ to _____

1. Reason for leaving _____

2. If you are going to another place of employment, what does it offer that West Carroll Health Systems does not? _____

3. What were the factors that contributed to your originally accepting a job at West Carroll Health Systems? _____

4. Did your job measure up to what you thought it would be when you accepted it? _____

5. Were you paid fairly for the effort you put forth in your position? ___ Yes ___ No

6. How did the benefits package compare to other organizations where you worked? _____

7. Do you feel that you received proper orientation and adequate training? ___ Yes ___ No

8. What is the overall rating of your supervisor in terms of

Complaint resolution? _____

Openness to suggestions? _____

Leadership and direction? _____

9. Which method of communication worked best? ___ Between members of the department ___ To/from your supervisor ___ With administration
Other (explain) _____

10. How do you view opportunities for advancement within West Carroll Health Systems? _____

11. What constructive comments would you have for administration in regard to making this a better place to work? _____

12. Would you recommend West Carroll Health Systems to a friend as a good place to work? Why or why not? _____

13. During the course of you employment, did you become aware of, or did you observe any, conduct or activity that could be considered questionable, unethical, or illegal at West Carroll Health Systems? ___ Yes ___ No

14. Please explain and be as specific as possible _____

15. If you answered yes to question 13, did you notify your supervisor, the compliance officer, or any other individual about you observations? ___ Yes ___ No
If yes, please explain, and be as specific as possible when you reference persons, dates, locations, and outcomes _____

TO BE COMPLETED BY SUPERVISOR:

Employee eligible for rehire? ___ YES ___ NO

Why or why not?

NOTICE OF RESIGNATION AND TERMINATION

Employee:	Effective Date:
Department:	
Please check box to indicate you have received and pass along to the next person. Please return this form to Payroll Department once all parties have checked. <input type="checkbox"/> Payroll <input type="checkbox"/> Accounts Payable <input type="checkbox"/> Pharmacy <input type="checkbox"/> Health Information <input type="checkbox"/> Business Office	

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