



Genesee Education Consultant Services
Human Resources Department
Exit Interview Survey

Name \_\_\_\_\_ Position \_\_\_\_\_

Worksite Location \_\_\_\_\_ Supervisor \_\_\_\_\_

Telephone \_\_\_\_\_ Date Hired \_\_\_\_\_ Last Day of Work \_\_\_\_\_ Years of Service \_\_\_\_\_

Reason for Separation: \_\_\_\_\_ Retirement \_\_\_\_\_ Resignation \_\_\_\_\_ Termination

Address after Separation (for use in mailing current year W-2 tax forms):

(Number, Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

I have met with my supervisor and returned all worksite property. \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ N/A

Your responses to the following questions will assist us in evaluating the quality of your employment.

- 1. Did you understand the goals of your position? Yes No
2. Did you understand the goals of your worksite location? Yes No
3. Did you receive adequate training/professional development in order to effectively perform your job duties? Yes No
4. Did you receive adequate feedback from your supervisor re: your performance? Yes No
5. Do you believe you were part of a cohesive team? Yes No
6. Was there an opportunity for you to advance within the organization? Yes No
7. Would you recommend working for GECS to your family and friends? Yes No
8. Were you satisfied with the physical working conditions? Yes No

Any comments/recommendations relative to your answers to 1 - 8 above?

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

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Human Resources Manager's Signature \_\_\_\_\_ Date \_\_\_\_\_