

# Departing Employee Experience Assessment

Full Name

Email address

Department

Position

Last Working Day

1. How would you describe your overall experience during your time here?

2. The support received from your supervisor was:

☐ Excellent ☐ Good ☐ Average ☐ Poor

3. What motivated your decision to leave?

4. What did you enjoy most about working here?

5. What could have improved your experience?

6. Would you recommend this organization to others?

☐ Yes ☐ No ☐ Not Sure

7. Additional comments or suggestions

