

Employee Exit Feedback Survey Sheet

Personal Information

Name (optional):

Department:

Last Position Held:

Length of Employment:

Feedback

Reason for Leaving:

What did you enjoy most about working here?

What could we improve?

Overall Satisfaction:

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

Comments on Supervision/Management:

Would you consider rejoining our company in the future?

- ☐ Yes
- ☐ No
- ☐ Maybe

Additional Comments: