

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: