



# Exit Interview Questionnaire

Please take a few minutes to share your thoughts and suggestions about your employment with Vanderbilt University. This information will be kept confidential. Thank you.

Name: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Department: \_\_\_\_\_ Date of Separation: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**1. What factor(s) contributed to your decision to end your employment with Vanderbilt University? (Check all that apply.)**

- Family Circumstances
- Job Dissatisfaction
- Health Reasons
- Working Conditions
- Retirement
- Quality of Supervision/Management
- Other (Please explain) \_\_\_\_\_
- Relocation Out of Area
- Return to School
- Higher Wages/Salary
- Promotional Opportunity
- Lack of Recognition/Appreciation

**2. Would you consider working at Vanderbilt University in the future?**

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure

**3. Would you recommend Vanderbilt University as a place of employment?**

\_\_\_\_\_ Yes \_\_\_\_\_ No

**4. Were your expectations of Vanderbilt University met during your employment?**

\_\_\_\_\_ Yes \_\_\_\_\_ No

**If no, why?**

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**5. What was the most meaningful aspect of your employment?**

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**6. What was the least satisfying aspect of your employment?**

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**7. Do you have any suggestions or comments that would make Vanderbilt University a better place to work?**

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**8. Before making your decision to leave did you explore the possibility of a transfer to another department or discuss your decision with your Supervisor?**

\_\_\_\_\_ Yes \_\_\_\_\_ No

**If yes, which options were explored?**

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**9. If you have accepted other employment, what does your new job offer that your employment with Vanderbilt University did not offer?**

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**10. Please rate the following items as they relate to your employment with Vanderbilt University using the following scale from 1 to 5: [1 = Needs Improvement and 5 = Excellent]**

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|-----------------------------------|---------------------------|
| _____ Advancement Opportunity     | _____ Tuition Benefit     |
| _____ Employee Assistance Program | _____ Life Insurance      |
| _____ Medical/Dental Insurance    | _____ Medical Leave Plan  |
| _____ Rate of Pay                 | _____ Retirement Benefits |
| _____ Sick Leave                  | _____ Vacation Leave      |
| _____ Wellness/Fitness Programs   | _____ Initial Orientation |

**11. Please rate the following items as they relate to your Department using the following scale from 1 to 5: [1 = Needs Improvement and 5 = Excellent]**

- |   |                              |
|---|------------------------------|
| _____ Communication with Department     | _____ Staff/Manager Training |
| _____ Communication between Departments | _____ Employee Morale        |
| _____ Cooperation within Department     | _____ Orientation/Training   |
| _____ Cooperation between Departments   | _____ Resources provided     |

**12. Please rate the following items as they relate to your Supervisor using the following scale from 1 to 5: [1 = Needs Improvement and 5 = Excellent]**

- |   |   |
|---|---|
| _____ Treats employees fairly                 |   |
| _____ Recognizes/gives feedback to employees  | _____ Understand and follows policies and procedures            |
| _____ Handles complaints/problems             | _____ Provided appropriate onboarding/orientation to department |
| _____ Receptive to and implements suggestions |   |
| _____ Provides opportunities for development  |   |

**13. May Human Resources contact you for additional information? \_\_\_\_ Yes \_\_\_\_ No**

Home Phone:

Work Phone:

E-Mail Address:

**14. Are there any additional concerns or comments that have not been covered?**

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