Practice Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## The following questions are designed to obtain your candid response about your work experience at {Practice Name}. Your comments are important. We use exit interview information to learn what we might do better or differently. We also want to know what you liked at {Practice Name}, so we are aware of the programs or benefits employees value.

We maintain your response in strict confidence. While we perform statistical analysis and report on exit interview trends on an overall basis, we do not attribute specific remarks to the individual employees who made them. You will have an opportunity to expand on these comments during your exit interview.

 Yes – You may share this information. No – You may not share this information.

## EMPLOYEE INFORMATION

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Length of Employment:

* Less than 6 months 5 to 7 years
* 6 to 11 months 8 to 10 years
* 1 to 2 years Over 10 years
* 3 to 4 years

1. What was your primary reason(s) for leaving our practice? (Check all that apply)

 Relocation Promotional Opportunity

 Opportunity to Work From Home Better Benefits

 Lack of Training Opportunities Returning to School

 Career Change Starting Own Business

 Family Reasons Unrelated to My Job

 Compensation Other – Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please rate your level of satisfaction with the following:*

 **Very Reasonably Somewhat**

 **Satisfied Satisfied Satisfied Dissatisfied Dissatisfied**

COMPENSATION & BENEFITS

2. Overall employee benefit package.

 **Very Reasonably Somewhat**

 **Satisfied Satisfied Satisfied Dissatisfied Dissatisfied**

3. Where applicable, how satisfied were

 you with our practice’s compensation

 plan (bonus, profit sharing, etc.)?

4. How satisfied were you with the

 following benefits?

 Medical

 Dental

 Vision Insurance

 Life

 401K

 Profit Sharing

 Pension

5. Opportunities for career advancement.

6. On the job training opportunities.

**WORK ENVIRONMENT**

For each of the items listed below, indicate whether you “strongly agree,” “agree,” “somewhat agree”, “disagree,” or “strongly disagree.”

 **Strongly Somewhat Strongly Agree Agree Agree Disagree Disagree**

7. My supervisor was open to discussing

 work-related problems.

8. My performance objectives were clear.

9. Communication between my immediate

 supervisor and me was satisfactory.

10. My supervisor communicated with

 others clearly and efficiently.

11. My supervisor gave me honest

 assessments of my job performance.

12. My supervisor encouraged teamwork.

13. My supervisor helped me resolve problems.

14. I received frequent feedback on my strengths,

 weaknesses, and developmental needs.

15. I was provided the appropriate tools to

 do my job.

16. My supervisor recognized/rewarded

 my efforts appropriately.

17. My supervisor addressed conflict directly.

18. My workload was manageable.

 VALUES & OBJECTIVES

 **Strongly Somewhat Strongly Agree Agree Agree Disagree Disagree**

19. I am proud to have worked

 at {Practice Name}.

20. Management recognizes good

 performance.

21. There is opportunity to grow

 professionally at {Practice Name}.

22. I liked the culture and values of

 {Practice Name}.

23. My job provided opportunities to

 take initiative.

24. Unethical behavior is never tolerated.

25. {Practice Name} has ambitious,

 exciting goals and aspirations.

26. {Practice Name} is well managed.

27. This practice is highly diverse in terms

 of gender, culture, and racial ethnicity.

MISCELLANEOUS

28. I would recommend {Practice Name} to others as a place to work.

 Yes No Possibly Unlikely

29. Could we have done anything to prevent you from leaving?

 Yes No Possibly Unlikely

30. Would you reapply for employment at {Practice Name}?

 Yes No Possibly Unlikely

Please note any other comments and suggestions you may have below:

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

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# THANK YOU FOR TAKING TIME TO COMPLETE THIS SURVEY!