



EMPLOYEE EXIT REPORT

This report is designed to provide employees leaving the department with an opportunity to give feedback which may assist in the future management of staff, the conditions of employment and the provision of satisfying and meaningful work in a safe and equitable work environment. It may be completed in isolation or in association with an exit interview. All reports are reviewed to determine if follow up action is required.

I ask that you complete the questionnaire honestly, as your answers may affect decisions made in relation to the workplace.

When completed, please return the questionnaire to your line manager/site leader/director (as appropriate)

I thank you for your cooperation and assistance,

.....
Executive Manager or Delegate

Name:	Title:
Workgroup/Site:	Classification:
Line Manager:	Length of Service:

Questions	Comments
1 What is your prime reason for leaving the department?	
2 If you worked in a number of areas within the department (Please give reasons for both): (a) Which area did you prefer? (b) Which area did you least prefer?	
3 What aspects of your current position did you enjoy most?	
4 What aspects of this position did you dislike?	
5 What experience, knowledge and personal qualities do you consider essential for this position?	
6 What changes, if any, would you like to have made to your current position to make it more effective and satisfying? e.g. <ul style="list-style-type: none"> • workload • recognition and feedback • career opportunities • workgroup and team relations • work environment • management 	



	Please suggest how you think these changes could be made.	
8	Please list any Occupational, Health and Safety issues that you feel should be rectified within your area.	
9	How would you describe your induction when you: a) Started work in the department? b) Commenced your current position?	
10	What skills and experience do you believe you have gained by working in the department?	
11	If you are moving to alternate employment, what conditions and/or incentives attracted you to the position?	
12	If the opportunity arose, would you consider employment within the department again?	
13	Would you recommend the department to others as a good place of employment?	

Employee's Signature:

_____ Date: ___/___/___

DEPARTMENTAL USE:

Received: _____ Date: ___/___/___

Workgroup or Site Manager

Any follow up action required? YES NO

Any Comments: