

EXIT INTERVIEW FORM

The purpose of this exit interview is to give you an opportunity to say what you think about key aspects of the Department that had been employing you. Your comments will be very important to the Public Service Commission in it's effort to improve the performance of the Department that employed you and also the rest of the Public Service.

(Please use additional papers, if require for answering these questions)

Name: _____

Date of appointment to the Service: _____

Post held at the time of leaving: _____

Employing Department: _____

JOB CONTENT

1. How long have you worked for the Department/Ministry that you are leaving?
2. What factors contributed to your accepting the job with* _____
3. Have your feelings changed?
4. Did you understand the job expectations when you were appointed?
5. Did you receive sufficient training to meet those expectations?
6. Did you know how or where to get information you needed to succeed in your job?
7. Did the job meet your expectations?

MINISTRY/DEPARTMENT AS A PLACE TO WORK

8. How would you rate the following aspects of your employment in this Department?

Aspect of Employment	Excellent	Good	Fair	Poor
Opportunity for Advancement				
Performance Appraisals				
Physical Working Conditions				
Your Salary				
Vacation/Holidays				
Feeling of Belonging				
Relationship with other staff				

9. If you were the Head of this Department, what would you do differently?

10. What did you most like about this Department?

11. What did you like the least in this Department?

QUALITY OF SUPERVISION

12. How would you rate your supervisor in the following areas?

Supervisory Area	Excellent	Good	Fair	Poor
Demonstrates Fair and Equal Treatment				
Provides Appropriate Recognition				
Resolves Complaints/Difficulties in Timely Fashion				
Follows Policy, Procedures and Regulations				
Informs all Employees of Matters Relating to Work				
Encourage Feedback				
Is Knowledgeable in own Job				
Expresses Instructions Clearly				
Develops Cooperation and Team Work				

13. If you came back to work for this Department, would you work for the same supervisor?

REASONS FOR LEAVING

14. What factors have led you to decide to leave the Department?
15. What factors were most important in choosing your new job?
16. What part does salary play in your decision to leave?
17. What made you begin looking for another position, in another organization?
18. What could * _____ have done to prevent you from leaving?
19. If you are going to another job, what does the job offer you that your job here did not?

Employee Signature: _____

Date: _____

Public Service Commission Representative Signature: _____

Date: _____

**Name of employing Department/Ministry*