Memoriai **Exit Interview Questionnaire** University of Newfoundland **Employee's Name:** Department/Unit: **Position Title: Date Hired: Termination Date:** Reason for ■ Resignation □ Retirement ■ End of Contract Departure: ■ Other Reason (specify) Could you please rate the following aspects of your employment experience with Memorial University? Salary level and ☐ Good ■ Excellent Very Good ☐ Poor compensation practices Very Poor generally Comments: Insurance benefits ■ Excellent ■ Very Good ☐ Good □ Poor Very Poor Comments: □ Excellent ■ Very Good ☐ Good ☐ Poor Pension plan Very Poor Comments: ☐ Very Good Opportunities for ■ Excellent ☐ Good □ Poor growth and Very Poor advancement Comments: Direction received from ☐ Excellent ■ Very Good ☐ Good ☐ Poor your Supervisor/Head Very Poor Comments: Support received from ■ Excellent □ Very Good ☐ Good ☐ Poor your Supervisor/Head Very Poor Comments: Quality of training and □ Excellent ■ Very Good ☐ Good ☐ Poor development programs Very Poor Comments: ■ Excellent □ Very Good ☐ Good ☐ Poor Relationships with co-workers Very Poor Comments:

Physical working conditions	☐ Excellent Very Poor Comments:	☐ Very Good	☐ Good	□ Poor	
Job satisfaction	☐ Very High Comments:	☐ High	☐ Average	☐ Low	☐ Very Low
Overall satisfaction with Memorial as an employer	☐ Very High Comments:	☐ High	☐ Average	☐ Low	☐ Very Low
Overall satisfaction with the Department I am leaving	☐ Very High Comments:	☐ High	☐ Average	□ Low	☐ Very Low
Could you please indica	te what you enjoy	ed the <u>most</u> ab	out your empl	oyment with	Memorial?
Comments:					
Could you please indica	te what you enion	ved the least ab	out vour emple	ovment with	Memorial?
Are there any particular Department or Unit you		ovements you w	ould suggest	be considere	ed in the
Comments:	are reaving:				
May we provide a copy o	of this Exit Intervi	iew Questionnai	re to vour Dea	n or Director	?
☐ YES ☐ NO If NO, Signature of Employee:					
Do you have any further	comments or su	ggestions of a g	general nature:	?	
Comments:					
Interview Date:		Intervi	ewed By:		
	Interviewer's Signature:				
OPTION TO DECLINE: I interview with a representation avail of this opportunity.				-	
Employee's Signature:				Date:	