



Saint Vincent's Nursing Home EMPLOYEE EXIT QUESTIONNAIRE

All information obtained from this questionnaire will be handled in a careful **confidential** manner and will be retained in the executive director's office. The information you provide will be used as a tool for change and improvement and will **not** be placed on your personnel file. We ask that you be as honest and fair as possible. We value your opinion and ask for your assistance.

Please complete this form and return to the Executive Secretary.

Employee's Name: _____
Supervisor: _____
Department: _____

Job Title: _____
Employment Date: _____
Termination Date: _____

Reason for leaving Saint Vincent's Nursing Home:

Retirement

Lay Off

Resignation:

(Please specify reasons for resignation) _____

Other: _____

Please evaluate the following aspects of your position:

	Excellent	Very Good	Average	Poor
1. Use of your skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Introduction to your job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Recognition for doing your job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Advancement opportunity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Relationship with Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Relationship with Co-Workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Working Conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Effective Communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Wages and Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Morale within Institution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dislikes about your position: Check if applicable:

Hours of Work Type of Work Supervisor Working Conditions Other

Explain any dislikes checked off: _____

EMPLOYEE EXIT FORM

What did you like most about your job? _____

What did you dislike about working at Saint Vincent's Nursing Home? _____

Did you feel you received sufficient training/orientation as a new employee to your job, to the facility and to your benefits? _____

Did you have a good working relationship with:

a) Your supervisor? Yes No If no, why? _____

b) Fellow Employees? Yes No If no, why? _____

c) Administration? Yes No If no, why? _____

d) Residents? Yes No If no, why? _____

e) Volunteers? Yes No If no, why? _____

Were you given the opportunity for personal growth and career development? Yes No

Please explain: _____

Were you given the opportunity to present and discuss your ideas with supervisors and/or administration?

Yes No If no, please explain: _____

Do you have suggestions to improve policies, general working conditions, or the overall operation of your Department and/or the Nursing Home? _____

Is there any point of disagreement or uncertainty that you have not been able to settle to your satisfaction?

Yes No If yes, would you like to describe this? _____

Do you have any additional comments? _____

Employee's Signature

Date