

Exit Interview Form

NAME: _____

DEPARTMENT: _____ SUPERVISOR: _____

POSITION: _____

LENGTH OF EMPLOYMENT: YR: _____ MO: _____ DATE OF INTERVIEW: _____

On a 1 (lowest) – 5 (highest) scale, how would you rate the following aspects of your employment?

Working Conditions _____

Vacation/Holiday/Sick Time _____

Salary/Fringe Benefits _____

Feeling of Belonging _____

Feedback Regarding Performance _____

Communication _____

Opportunity for Advancement _____

Working Hours _____

Please rate your immediate supervisor in the following areas:

	Excellent	Good	Fair	Poor
Demonstrates fair & equitable treatment of all employees	_____	_____	_____	_____
Provides appropriate recognition	_____	_____	_____	_____
Resolves complaints/difficulties in a timely manner	_____	_____	_____	_____
Follow office policy & procedures	_____	_____	_____	_____
Communication skills with staff	_____	_____	_____	_____
Encourages employee input	_____	_____	_____	_____

What did you like best about your current position?

What did you like least about your current position?

Why are you leaving?

While you were employed here, did you ever perceive what you believe to be an illegal or unethical act involving either another employee or a business policy/procedure? YES _____ NO _____

If "YES," please explain:

If "YES," did you report it? To whom? _____

Did you receive HIPAA Privacy & Security training and education? YES ____ NO ____

Did any of our procedures or practices cause you concern? (For example, did you think we were making mistakes in how we coded or billed for services? Did we spend enough time reviewing changes to billing regulations and communicating that information to the staff?) YES ____ NO ____

If "YES," please explain:

Do you believe there were any perceived violations in any personnel laws? YES ____ NO ____

If so, please explain:

If "YES," did you discuss/report this to your supervisor or a physician? YES ____ NO ____

Who: _____

What could we do to improve in this regard?

On a scale of 1 to 10, rate how well the Joint Commission participation was explained: _____

Any other comments you wish to share about the practice?

We appreciate your input as we are striving to make our practice an interesting and challenging place to work.

Interviewer

Title

Employee Signature (optional)