

**EXIT INTERVIEW ASSESSMENT**

NAME:	EMPLOYMENT DATE:
POSITION:	TERMINATION DATE:
REASON FOR TERMINATION:	

1. What prompted you to seek alternative employment or leave the practice?

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|--|--|
| <input type="checkbox"/> Type of Work            | <input type="checkbox"/> Quality of Supervision  |
| <input type="checkbox"/> Compensation            | <input type="checkbox"/> Work Conditions         |
| <input type="checkbox"/> Lack of Recognition     | <input type="checkbox"/> Family/Personal Reasons |
| <input type="checkbox"/> Company Culture         | <input type="checkbox"/> Career Advancement      |
| <input type="checkbox"/> Other (Please Explain): |  |

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2. Before making your decision to leave, did you discuss other options that could enable you to stay at [NAME OF PRACTICE]?

- Yes       No

If yes, explain:

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3. What did you think of your supervision in regards to the following?

	Almost Always	Sometimes	Never	Comments
Showed Fair and Equal Treatment				
Provided Recognition and Praise				
Promoted Cooperation/Teamwork				
Encouraged/Listened to Suggestions				
Resolved Problems/Complaints				
Followed Policies/Procedures				
Provided Support/Training				

4. How would you rate the following in relation to your job?

	Excellent	Good	Fair	Poor	Comments
Cooperation within Practice					
Communication within Practice					
Training					
Morale/Job Satisfaction					
Job Growth					

5. Was your workload usually:

- Too high                       Varied, but all right  
 About right                       Too light

6. How did you feel about your salary and benefits?

	Excellent	Good	Fair	Poor
Salary				
Health Benefits				
401(k)				
Paid Time Off				
Other				
Comments:				

7. Are there any other benefits you feel should have been offered?  Yes  No

If "Yes," what?

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8. Did you get appropriate performance feedback?

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9. How can we improve the formal performance review process?

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10. Did you discuss career goals and job growth with your supervisor?

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11. What did you like most about your job and/or this company?

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12. What did you like least about your job and/or this company?

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13. Why do you feel the new job/company is a better fit for you?

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14. Do you have any suggestions for improvement? Have you raised them in the past?

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15. Would you recommend this company to a friend as a place to work?

Yes, without reservations     Yes, with reservations     No

Please explain:

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If you would like to discuss a particular situation, please contact our risk management division at 1-888-336-2642 or [riskmanagement@psicinsurance.com](mailto:riskmanagement@psicinsurance.com).

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