

# Employees Departing Questionnaire

Type your introduction here

This information will be kept confidential. You are therefore not required to put your name on this form.

**1) Gender:**

Female                       Male

**2) Department:**

**3) Reason(s) for leaving:**

<input type="checkbox"/> Benefits	<input type="checkbox"/> Not challenged in my role	<input type="checkbox"/> Return to College/University
<input type="checkbox"/> Better job opportunity	<input type="checkbox"/> Pay	<input type="checkbox"/> Manager
<input type="checkbox"/> Travelling	<input type="checkbox"/> Personal Reasons	<input type="checkbox"/> Work Related
<input type="checkbox"/> Family reasons	<input type="checkbox"/> Relocation/Move	<input type="checkbox"/> Health

**4) Tick the choice that best describes your feelings about the following aspects of your employment with us:**

	Very Satisfied	Satisfied	Dissatisfied
Duties of the job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training & development programmes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities for advancement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benefit programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, as a place to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5) Additional comments:**

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Thank you for filling in this questionnaire.