**EXIT INTERVIEW FORM**

The purpose of this exit interview is to give you an opportunity to say what you think about key aspects of the Department that had been employing you. Your comments will be very important to the Public Service Commission in it’s effort to improve the performance of the Department that employed you and also the rest of the Public Service.

(Please use additional papers, if require for answering these questions)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of appointment to the Service:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post held at the time of leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employing Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**JOB CONTENT**

1. How long have you worked for the Department/Ministry that you are leaving?

2. What factors contributed to your accepting the job with\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Have your feelings changed?

4. Did you understand the job expectations when you were appointed?

5. Did you receive sufficient training to meet those expectations?

6. Did you know how or where to get information you needed to succeed in your job?

7. Did the job meet your expectations?

**MINISTRY/DEPARTMENT AS A PLACE TO WORK**

8. How would you rate the following aspects of your employment in this Department?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Aspect of Employment | Excellent | Good | Fair | Poor |
| Opportunity for Advancement |  |  |  |  |
| Performance Appraisals |  |  |  |  |
| Physical Working Conditions |  |  |  |  |
| Your Salary |  |  |  |  |
| Vacation/Holidays |  |  |  |  |
| Feeling of Belonging |  |  |  |  |
| Relationship with other staff |  |  |  |  |

9. If you were the Head of this Department, what would you do differently?

10. What did you most like about this Department?

11. What did you like the least in this Department?

QUALITY OF SUPERVISION

12. How would you rate your supervisor in the following areas?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Supervisory Area | Excellent | Good | Fair | Poor |
| Demonstrates Fair and Equal Treatment |  |  |  |  |
| Provides Appropriate Recognition |  |  |  |  |
| Resolves Complaints/Difficulties in Timely Fashion |  |  |  |  |
| Follows Policy, Procedures and Regulations |  |  |  |  |
| Informs all Employees of Matters Relating to Work |  |  |  |  |
| Encourage Feedback |  |  |  |  |
| Is Knowledgeable in own Job |  |  |  |  |
| Expresses Instructions Clearly |  |  |  |  |
| Develops Cooperation and Team Work |  |  |  |  |

13. If you came back to work for this Department, would you work for the same supervisor?

**REASONS FOR LEAVING**

14. What factors have led you to decide to leave the Department?

15. What factors were most important in choosing your new job?

16. What part does salary play in your decision to leave?

17. What made you begin looking for another position, in another organization?

18. What could \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have done to prevent you from leaving?

19. If you are going to another job, what does the job offer you that your job here did not?

Employee Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Public Service Commission Representative Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Name of employing Department/Ministry