

Feedback From Leavers

Name:Employee ID:

Department:Division:

Line Manager:Start Date:

We would like to know the reasons why you are leaving the company. The following information will be kept in strictest confidence.

What factor was the most significant in your decision to leave this employment?

We would welcome any comments you may have on the following areas. Please tell us if you feel we can improve in them in any way. If you feel that any of these areas contributed to your decision to leave then we would like to know.

Pay or other terms and conditions:

Career prospects:

Training:

Job responsibilities

Working Conditions / Facilities / Amenities

Management / Supervision

Any Other Factors

Signed: Date: