



Employee Exit Interview Form

Employee Name: _____ Date: _____

Date of Hire: _____ Job Title: _____ OBH of _____

Place a check next to the statement that best describes your reason for leaving employment with us:

- | | |
|--|--|
| <input type="checkbox"/> Better Job Opportunity | <input type="checkbox"/> Family Circumstances |
| <input type="checkbox"/> Return to School | <input type="checkbox"/> Illness or Physical Condition |
| <input type="checkbox"/> Moving out of State or Area | <input type="checkbox"/> Conflict with Co-worker |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Conflict with Supervisor |
| <input type="checkbox"/> Self Employment | <input type="checkbox"/> Other _____ |

Please rate your Immediate Supervisor on the following:

	Excellent	Good	Fair	Poor
• Treats employees in a fair and respectful manner:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Follows policies, procedures & safety regulations:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Resolves employee complaints and issues:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Provides recognition for a job well done:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Provides leadership and motivation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Welcomes suggestions:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Facilitates open communication with workers:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Immediate Supervisor _____

Please rate your Department on the following:

	Excellent	Good	Fair	Poor
• Communication between managers in department:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Provides an atmosphere of teamwork & cooperation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Provides on the job training:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Provides recognition for a job well done:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Encourages cooperation among all departments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Welcomes suggestions:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please rate the following benefits and compensation offered:

	Excellent	Good	Fair	Poor
• Rate of pay for your job:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Amount of accrued paid time off (PTO):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Paid Holidays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Health Insurance:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Supplemental Insurance:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• 401K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What other benefits do you believe should be offered?

Did you receive adequate training for your position? _____ YES _____ NO

If NO, what else could have been done? _____

What improvements do you believe could be made in your Department at your Facility?

Additional Comments:

Employee's Signature: _____ Date: _____

Thank you for your time and cooperation. Your answers will be held confidential.

Please return to the Corporate Office via mail or fax:

Oceans Healthcare, LLC
127 W. Broad St., Ste. 700
Lake Charles, LA 70601

OR Fax to the Attention of JoElla Fontenot: (337) 721-1976