EMPLOYEE EXIT INTERVIEW QUESTIONNAIRE & ASSET HANDOVER

DEPARTURE FEEDBACK, WORKPLACE CULTURE RATING, KNOWLEDGE TRANSFER & COMPANY PROPERTY RETURN

EMPLOYEE NAME: _____ **JOB TITLE:** _____ **LAST WORKING DAY:** _____/_____/20____

DEPARTMENT: _____ **TENURE:** _____ **Years** _____ **Months** **HR INTERVIEWER:** _____

1. PRIMARY FACTORS INFLUENCING DECISION TO LEAVE

SELECT ALL RELEVANT CONTRIBUTORS (RANK TOP 3 WITH 1, 2, 3):

[ ] Higher Compensation / Base Salary
[ ] Better Employee Benefits Package
[ ] Company Direction / Leadership
[ ] Lack of Career Advancement Path
[ ] Relationship with Direct Manager
[ ] Work-Life Balance / Burnout
[ ] Remote Work / Commute Flexibility
[ ] Relocation / Personal Family Reasons
[ ] Pursuit of Higher Education / Degree

2. WORKPLACE EXPERIENCE & SATISFACTION ASSESSMENT (1-5 SCALE)

EXPERIENCE DIMENSION	EVALUATION CRITERIA	RATING (1 POOR - 5 GREAT)
Job Training & Onboarding	Quality of initial training and ongoing professional skills coaching.	**[ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5**
Manager Support & Feedback	Manager provided clear expectations, recognition and fair feedback.	**[ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5**
Team Collaboration & Morale	Positive team culture, psychological safety and respectful communication.	**[ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5**
Compensation & Total Rewards	Base pay, bonuses, health benefits and 401k plan competitiveness.	**[ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5**
Would Recommend Employer	Likelihood to recommend Company as a great place to work to a friend.	**[ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5**

3. COMPANY PROPERTY RETURN & KNOWLEDGE HANDOVER CHECKLIST

HARDWARE & SECURITY CREDENTIALS RETURNED:

[ ] Laptop / Charger & Monitors Returned (Serial: _____)
[ ] Office Access Keycard, Keys & Building Badge Returned
[ ] Corporate Credit Card Surrendered & Final Receipts Filed

KNOWLEDGE TRANSFER & TRANSITION CLOSEOUT:

[ ] Project Handover Document / SOPs Shared with Team
[ ] Passwords & Admin Ownership Transferred (1Password)
[ ] Ongoing NDA & IP Confidentiality Obligations Re-affirmed

DEPARTING EMPLOYEE & HR SIGN-OFF ATTESTATION:

Employee Signature: _____ HR Representative Signature: _____

Date Signed: _____/_____/20____ Forwarding Personal Email: _____