



Carolina Family Health Centers, Inc.

Exit Questionnaire

EMPLOYEE NAME: _____

HIRE DATE: _____

POSITION: _____

SEPARATION DATE: _____

SUPERVISOR: _____

LOCATION: _____

REASON FOR SEPERATION: _____ Career Change _____ Career Opportunity _____ Benefits
_____ Personal _____ Relocation _____ Salary
_____ Retirement _____ Return to School _____ Other

Total years of employment with CFHC, Inc.: _____.

We appreciate your response in rating the following:

	Excellent	Good	Average	Unsatisfactory
<i>Employment Experience</i>				
- CFHC, Inc. as a place to work				
- The center where you worked				
- Teamwork within your department				
- Communication of policies and procedures				
- Training you received to perform your job				
- Were you provided with the tools to perform your job?				
- Morale in your department				
<i>Supervisor / Manager</i>				
- How would you rate your relationship with your supervisor?				
- Demonstrated fair and equal treatment amongst the staff				
- Developed cooperation and teamwork				
- Encouraged / listened to suggestions				
- Resolved complaints and problems				
- Communication				
<i>Compensation and Benefits</i>				
- Base salary / hourly rate				
- Health Insurance				
- Dental Insurance				
- Vision Insurance				
- Paid Time Off (sick and vacation)				
- 401(k) Plan				

- Life Insurance				
- Long-Term Disability				
- Short-Term Disability				
- Continuing Medical Education				

We appreciate comments regarding particular strengths that make Carolina Family Health Centers a good place to work or weaknesses that we can correct to improve the workplace.

What made you start looking for other employment?

What made you choose your new job over your current job?

PROPERTY RETURNED

ID Badge _____
Keys _____
Cell Phone _____
Laptop _____

Mailing Address, Email, Phone Number Verified _____

Sign-On Bonus Reimbursement (*applicable to contractual staff*)
(*review contract dates*)

EMPLOMENT REFERENCE CHECK

The Director of Human Resources is authorized to complete reference check inquiries. Responses to such inquiries will confirm dates of employment and position(s) held. Wage and salary information will only be released with written authorization from the former employee.

Do you consent to the release of performance information? ☐ Yes ☐ No
(The consent will release the Corporation of liability in the release of truthful, factual information.)

Print Name: _____ Date: _____

Signature: _____ Date: _____