

ORTHOSYNETICS EXIT INTERVIEW

Office: _____

Name: _____ Title: _____

Separation Date: _____ Date Employed: _____

Reason(s) for leaving: _____

EMPLOYEE'S COMMENTS PERTAINING TO THE FOLLOWING

	POOR	BELOW AVERAGE	GOOD	ABOVE AVERAGE	EXCELLENT
Working Environment:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Comments:	_____				

Working Hours:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Comments:	_____				

Training:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Comments:	_____				

Patient Care:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Comments:	_____				

Doctor:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Comments:	_____				

Supervision:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Comments:	_____				

Co-workers: POOR BELOW ABOVE EXCELLENT
 1 AVERAGE GOOD AVERAGE 5
 2 3 4 5
Comments: _____

Salary: 1 2 3 4 5
Comments: _____

Company Benefits: 1 2 3 4 5
Comments: _____

Company Policies: 1 2 3 4 5
Comments: _____

Travel Requirements: 1 2 3 4 5
Comments: _____

Other: _____

