

ALLZONE - EXIT INTERVIEW FORM

Take a moment and complete the following questionnaire. We regret losing an employee and hope that through this questionnaire we can identify areas for improvement and address any situation needing attention. It will serve to enable us in developing policies and practices that reflects the needs of the employees. This form will not become a part of your personnel file and will not affect your rehire status. Your cooperation is appreciated.

Personal Information	1.1			
Name: B. Priya				
Employment Number: AMSC/AMSV_2	357			
Mobile No: 9150293216	Gender: Female.			
Department:Medical billin	g .			
Designation: Process Associate.				
Date of Joining: 10(10) Date (Day/Month/Year)	nte of Leaving: <u>30 (2 (23</u> Day/Month/Year)			
Details of Projects Worked:				
Immediate Supervisor Name: Moo €	a			
Manager Name: Mooso.				

1. Why are you leaving the job?

2. What were the most important factors in your deciding to take a new job? Salary? Benefits? Time off? Something else?

3. Did your current job meet your expectations?

4. Did you receive adequate support and training in your job?

5. What did you like about your job?

6. What did you dislike about your job?

7. What change is required to carry out your job?

8. Did you receive enough training to do the job effectively?

Nice.

9. Did you receive enough support to do your job effectively?

yes.

10. How did you feel about the supervision you received?

good Job.

11. What was your working relationship with your manager like?

Good relationship

12. How do you feel about the feedback you received from your manager?

and stor saturday leave. Plean.

13. How would you describe your relationship with your colleagues?

NO.

14. How would you rate the working environment and do you have any suggestions for improvement?

working aletails and other.

details.

15. Do you have any suggestions regarding organizational policies and procedures?

Nothing.

16. Did you have clear objectives in your job?

yos.

17. How were these objectives communicated to you?

yes.

18. What is positive about this organization?

almost positions.

19. In what ways can the organization improve?

The organization improve is good.

20. Would you work for the company in the future?

yos.

21. Would you recommend this company to any of your friends looking for this job?

good looking.

22. Do you have any questions or comments?

Nothing.

Date: 80/12/23

For HR department use:

S. No	Checklist Items	Yes/No	Date
1	ID card and Access card - Returned	YES	30. DEC-2023
2	Access removed	YES	20-DEC-2023
3	Issued relieving order / experience letter	YES	20-JAN-2024

20-JAN	1-2024	ŀ
20-000	, , ,	

Date:

Signature: 1. Name