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

Name: S.Prema

Employment Number: AMSC/AMSV 1519

Mobile No: 9841331515 **Gender:** Female

Department: medical billing

Designation: AR Analyst

Date of Joining: 13-5-2015 **Date of Leaving:** 11-1-2024
(Day/Month/Year) **(Day/Month/Year)**

Details of Projects Worked: PRJ-27, PRJ-71, PRJ-150,

Immediate Supervisor Name: Dhamodaran.

Manager Name: Andrew

1. **Why are you leaving the job?**

   Regarding heathissue.

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

   Something else.

3. **Did your current job meet your expectations?**

   Yes.

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

   Yes.

5. **What did you like about your job?**

   Iam always like my job
   again and again take new ideas about my job.

6. **What did you dislike about your job?**

   Nothing

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

   All are good

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

Yes.

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

Yes.

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

Good.

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

Nice.

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

good

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

Nice and good relationship like family members. both all are good family.

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

Nothing.

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

Incentive benefits give for all staffs.

16. Did you have clear objectives in your job?

Yes.

17. How were these objectives communicated to you?

Good.

18. What is positive about this organization?

Nothing

19. In what ways can the organization improve?

All are good.

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

Yes.

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

Surely.

22. **Do you have any questions or comments?**

Signature of the Employee: S. Prems

Date: 11-1-2024.

For HR department use:

S. No	Checklist Items	Yes/No	Date
1	ID card and Access card - Returned	YES	11-JAN-2024
2	Access removed	YES	11-JAN-2024
3	Issued relieving order / experience letter	YES	18-JAN-2024

Date: 18-JAN-2024 **Signature:** N. Arunachalam

Name of the HR: N. ARUNACHALAM