

PULLMAN REGIONAL HOSPITAL EXIT CONFERENCE REPORT

This form will not become part of your permanent Personnel Record. The information will be used in statistical summary format in reports to the Board of Commissioners and the Management Staff.

Reason for Termination:

- Employee Graduation
- Spouse Graduation
- Relocation
- Academics
- Career
- Discharged
- Retirement
- Other (please explain): _____

Please evaluate the following areas of your employment at Pullman Regional Hospital:

| | Poor | Not Very Good | Good | Very Good | Excellent |
|---|------|---------------|------|-----------|-----------|
| 1. Working Condition | 1 | 2 | 3 | 4 | 5 |
| 2. Job Responsibilities | 1 | 2 | 3 | 4 | 5 |
| 3. Quantity of Work | 1 | 2 | 3 | 4 | 5 |
| 4. Job Description | 1 | 2 | 3 | 4 | 5 |
| 5. Hospital Policies/Procedures | 1 | 2 | 3 | 4 | 5 |
| 6. Department Policies/Procedures | 1 | 2 | 3 | 4 | 5 |
| 7. Attitudes of Co-Workers | 1 | 2 | 3 | 4 | 5 |
| 8. Department Manager | 1 | 2 | 3 | 4 | 5 |
| 9. Immediate Supervisor (if applicable) | 1 | 2 | 3 | 4 | 5 |
| 10. Insurance Benefits | 1 | 2 | 3 | 4 | 5 |
| 11. Vacation/Sick/Holiday Benefits | 1 | 2 | 3 | 4 | 5 |
| 12. Job Perquisites (job perks) | 1 | 2 | 3 | 4 | 5 |
| 13. Overall Job Experience | 1 | 2 | 3 | 4 | 5 |

If given an opportunity in the future, would you re-employ at Pullman Regional Hospital?

- Yes.
- No

General Comments: _____

(Additional space on back for more comments)

Date: _____

Employee's Signature: _____

Human Resource Director's Signature: _____

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Employee's Name (optional): _____

Job Position: _____

Date: _____

1. Why did you come to work at Pullman Regional Hospital originally?

2. Did your career advance while you were here?

3. If you have secured a new job, what do you think it will offer that your old job does not?

4. How would you rate the overall performance of your department manager? Your immediate supervisor?

5. Was your department manager (immediate supervisor) willing to listen to your suggestions? Did he/she ever act on them?

6. What were the best things about working here?

7. What were the worst things about working here?

8. Do you think your pay was fair?

9. What changes could be made to improve your department or the organization?

10. Would you recommend your department or this organization to a potential employee?

11. Is there anything we have not covered that you would like to comment on?

EXIT CONFERENCE - SUMMARY PAGE

Name: _____
 Department: _____
 Position: _____
 Date of Employment: _____
 Date of Termination: _____

Exit Conference Papers Sent: _____
 COBRA Papers Sent: _____
 Insurance Terminates: _____
 COBRA Election Date: _____

| | Yes | No | N/A |
|------------------------------|-----|----|-----|
| Parking Permit Returned: | | | |
| Keys/Property Returned: | | | |
| Personal Belongings Removed: | | | |
| VALIC Discussed: | | | |
| Insurance Discussed: | | | |
| Life Insurance Conversion: | | | |
| COBRA Elected: | | | |

Date of Coverage: _____
 Type of Coverage: _____

Final Paycheck Instructions: _____
 Forwarding Address: _____

An exit conference was held with the HR Director on: _____

Employee's Signature: _____
 Date: _____

HR Director's Signature: _____
 Date: _____