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:

<table>
<thead>
<tr>
<th>Area</th>
<th>Not Very Good</th>
<th>Very Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Working Condition</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Job Responsibilities</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>3. Quantity of Work</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>4. Job Description</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>5. Hospital Policies/Procedures</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Department Policies/Procedures</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Attitudes of Co-Workers</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. Department Manager</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>9. Immediate Supervisor (if applicable)</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>10. Insurance Benefits</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>11. Vacation/Sick/Holiday Benefits</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>12. Job Perquisites (job perks)</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>13. Overall Job Experience</td>
<td>1</td>
<td>2</td>
<td>3</td>
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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?
Name: _______________________________
Department: __________________________
Position: _____________________________
Date of Employment: __________________
Date of Termination: __________________

Exit Conference Papers Sent: ____________
COBRA Papers Sent: ____________________
Insurance Terminates: __________________
COBRA Election Date: __________________

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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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: ____________________

Pullman Regional Hospital
835 SE Bishop Boulevard, Pullman, WA 99163