

**CALIFORNIA STATE UNIVERSITY, LONG BEACH RESEARCH FOUNDATION
EXIT INTERVIEW**

As you are leaving employment with CSULB Research Foundation, we would like to take this opportunity to gather some information from you about your reason for leaving, and your time as a Research Foundation employee. We appreciate your effort in completing this form and wish you the best in your future endeavors. Please return the completed form to Foundation Human Resources on or before your last day of work.

EMPLOYEE NAME: _____ **DATE:** _____

1. Why are you leaving the Research Foundation?

2. When you started at the Research Foundation, what was your initial impression of the organization?

3. What is your current impression of the organization?

4. Please rate the following aspects of your employment at the Foundation:

	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Unsure
Nature of my job					
Use of my skills and experience					
How my performance was evaluated					
Training Programs					
Advancement Opportunities					
Salary					
Benefits					
Supervisor/Manager					
Working Conditions					
Overall as a place to Work					

Additional Comments:

5. Do you have any suggestions for improvement regarding your position, department or the Foundation?

6. If you are moving have you completed a Change of Address form?

Yes No Not Applicable

7. Have you had a work related injury or illness during your employment with CSULB Research Foundation which you did not report to a Human Resources Representative?

Yes No

If you answered YES, please explain the circumstances:

If you are currently enrolled in any of the Foundation Health Benefit Plans, you will receive information regarding those benefits from our Benefits Coordinator.

If you contributed to a Flexible Spending Account during the current calendar year, you may continue to submit claims until March of next year for reimbursement of expenses incurred during your time of employment against funds that you contributed prior to your separation.

If you have any questions regarding your benefits, please contact our Benefits Coordinator at (562) 985-7635.

EMPLOYEE SIGNATURE AND DATE

HR SIGNATURE AND DATE