



ST.JOSEPH'S COLLEGE FOR WOMEN, KANGEYAM ROAD,  
TIRUPUR-641604

Form -12

**EXIT INTERVIEW FORM**

Name of the Staff

Staff Id No:

Designation:

Department :

Date of Joining:-----/-----/-----

Date of Resignation : -----/-----/-----      Relieving Date: -----/-----/-----

Reason for leaving :

How would you rate the following?

✓ **Job responsibilities?**  
 Outstanding       Very Good       Satisfactory       Fair       Unsatisfactory

✓ **Opportunity for achieving goals?**  
 Outstanding       Very Good       Satisfactory       Fair       Unsatisfactory

✓ **Work environment?**  
 Outstanding       Very Good       Satisfactory       Fair  
Unsatisfactory

✓ **Benefits?**  
 Outstanding       Very Good       Satisfactory       Fair  
Unsatisfactory

Date : \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Signature of the Staff