



QDOBA RESTAURANT CORPORATION EXIT INTERVIEW

Name: _____ Date: _____

Position: _____ Restaurant/Location: _____

Hire Date: _____ Last Day of Work: _____

Your individual responses are treated as confidential and will not become part of your personnel file. We believe that the information you provide will assist in analyzing our employee retention and turnover. Thank you for your cooperation.

1. What did you think of your supervisor in regard to the following?

| | Almost Always | Sometimes | Never |
|---------------------------------------|--------------------------|--------------------------|--------------------------|
| Demonstrated fair and equal treatment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: _____ | | | |
| _____ | | | |

| | Almost Always | Sometimes | Never |
|---------------------------------|--------------------------|--------------------------|--------------------------|
| Provided recognition on the job | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: _____ | | | |
| _____ | | | |

| | Almost Always | Sometimes | Never |
|------------------------------------|--------------------------|--------------------------|--------------------------|
| Developed cooperation and teamwork | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: _____ | | | |
| _____ | | | |

| | Almost Always | Sometimes | Never |
|------------------------------------|--------------------------|--------------------------|--------------------------|
| Encouraged/listened to suggestions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: _____ | | | |
| _____ | | | |



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| | Almost Always | Sometimes | Never |
|----------------------------------|--------------------------|--------------------------|--------------------------|
| Resolved complaints and problems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | _____ | | |
| _____ | | | |

| | Almost Always | Sometimes | Never |
|----------------------------------|--------------------------|--------------------------|--------------------------|
| Followed policies and procedures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | _____ | | |
| _____ | | | |

| | Almost Always | Sometimes | Never |
|---------------------------|--------------------------|--------------------------|--------------------------|
| Career development/growth | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | _____ | | |
| _____ | | | |

| | Almost Always | Sometimes | Never |
|--------------------------------|--------------------------|--------------------------|--------------------------|
| Technical/Job Related Training | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | _____ | | |
| _____ | | | |

| | Almost Always | Sometimes | Never |
|-----------------------|--------------------------|--------------------------|--------------------------|
| Constructive Feedback | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | _____ | | |
| _____ | | | |



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2. How would you rate the following in relation to your job?

| | Excellent | Good | Fair | Poor |
|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Cooperation within your restaurant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | _____ | | | |
| _____ | | | | |

| | Excellent | Good | Fair | Poor |
|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Communication within your restaurant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | _____ | | | |
| _____ | | | | |

| | Excellent | Good | Fair | Poor |
|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Morale within your restaurant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | _____ | | | |
| _____ | | | | |

| | Excellent | Good | Fair | Poor |
|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Cooperation within the company | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | _____ | | | |
| _____ | | | | |

| | Excellent | Good | Fair | Poor |
|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Communication within the company | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | _____ | | | |
| _____ | | | | |

| | Excellent | Good | Fair | Poor |
|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Morale within the company | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | _____ | | | |
| _____ | | | | |

| | Excellent | Good | Fair | Poor |
|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Training you received | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | _____ | | | |
| _____ | | | | |



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| | | | | |
|------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Excellent | Good | Fair | Poor |
| Job Satisfaction | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: _____

| | | | | |
|------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Excellent | Good | Fair | Poor |
| Growth Potential | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: _____

3. Was your workload usually:

- Too Great
- Varied, but all right
- About right
- Too light

4. How did you feel about your compensation and benefits?

| | | | | |
|-------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Excellent | Good | Fair | Poor |
| Base Salary | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: _____

| | | | | |
|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Excellent | Good | Fair | Poor |
| Incentive/Bonus | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: _____

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Excellent | Good | Fair | Poor |
| Medical Plan/Dental Plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: _____

| | | | | |
|-------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Excellent | Good | Fair | Poor |
| Vision Plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: _____



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Excellent Good Fair Poor

401(k) Plan

Comments: _____

Excellent Good Fair Poor

Paid Time Off

Comments: _____

5. Are there any other benefits you feel should have been offered? _____

6. Was your work schedule flexible? _____

7. Did new employee orientation provide necessary information? _____

8. How frequently did you get performance feedback? Was the feedback useful? _____

9. Are there any changes you think would improve our performance review process? _____

10. How frequent were your formal reviews? _____

11. What did you like most about your job and/or Qdoba? _____

12. What did you like least about your job and/or Qdoba? _____

13. What do you think of the Qdoba brand? _____

14. What does your new job/company offer that your job at Qdoba did not? _____
