

## **Loss Control Bulletin**

Employee turnover, voluntary or otherwise, can have substantial impact on a business. The consequences are always disruptive often undesirable or both. Turnover can affect company results, employee morale, and employee safety. A well trained and stable workforce can mean the difference between a smooth running, profitable business and one that is stressful to work at and in jeopardy of failing.

A review of the effects that turnover has on an organization can help us to understand why it is so important for management to bring this problem under control.

### **Addressing High Employee Turnover Problems**

Since employee turnover is a very real part of running a business, it must be managed like any other business process and requires:

- Analysis of positions or departments that have had turnover
- Review of reasons for voluntary and involuntary terminations
- Review of employee complaints and suggestions
- Review of working conditions
- Review of benefit and compensation issues
- Review of employee and supervisor training

Addressing problems identified through this process may help identify some concerns that lead employees to resign. The process also serves to open channels of communication between management and the workforce. Maintaining open channels of communication is an important step in resolving employee dissatisfactions that result in high turnover.

### **Minimizing the Impact of Turnover**

It may be difficult to control employee turnover; however, you can limit its impact by doing the following:

- Implementing cross training programs in various functional areas. This will better prepare employees should they have to perform additional duties.
- Develop an out-placement program to control workers compensation claims that get filed after a layoff. A layoff can be emotionally traumatic and can lead to filing of claims out of hostility. It's better to participate in an available out-placement program to assist in finding new employment.
- Conduct exit interviews (sample form follows) and try to establish trends to the reasons that employees are voluntarily leaving. You may be able to identify ways to reduce turnover.
- It is always a good idea to include the Employment Development Department (EDD) and your workers compensation carrier in any layoff plans.

The guidelines provided in this bulletin are only intended to provide an overview of some of the more important steps that can be taken by management to establish a safe workplace. The guidelines are not considered exhaustive of all measures and controls that can be implemented by management to address all potential loss or injury producing causes. Ultimately it is the responsibility of management to take the necessary steps to provide for employee and customer safety. It is not intended as an offer to write insurance for such conditions or exposures. The liability of Republic Indemnity Company of America and its affiliated insurers is limited to the terms, limits and conditions of the insurance policies underwritten by any of them. © 2022 Republic Indemnity of America, 4500 Park Granada, Suite 300, Calabasas, CA 91302.

### Voluntary Termination

Employee: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Interviewer: \_\_\_\_\_

Why are you leaving? \_\_\_\_\_  
 When did you decide to leave? \_\_\_\_\_  
 Do you have another job? \_\_\_\_\_ Starting Salary \_\_\_\_\_ Benefits \_\_\_\_\_  
 How did you hear about this job? \_\_\_\_\_  
 Why did you take this particular job? \_\_\_\_\_

**Was your decision to leave influenced by any of these factors? Check all that apply.**

- |  |  |                      |
|--|--|----------------------|
| <input type="checkbox"/> Leaving the city        | Dissatisfied with:                           | Additional Comments: |
| <input type="checkbox"/> Personal reasons        | <input type="checkbox"/> Lack of opportunity | _____                |
| <input type="checkbox"/> Remain at home          | <input type="checkbox"/> Salary              | _____                |
| <input type="checkbox"/> Retirement              | <input type="checkbox"/> Supervision         | _____                |
| <input type="checkbox"/> Returning to school     | <input type="checkbox"/> Type of work        | _____                |
| <input type="checkbox"/> Secured better position | <input type="checkbox"/> Working conditions  | _____                |

**Rank the company on the following:**

|  | Excellent                | Good                     | Fair                     | Poor                     |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 401(k) program                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Advancement opportunities                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dental plans                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Employee Stock Ownership program           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Equipment provided                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Life insurance plans                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Medical plans                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Paid holidays                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Paid time off (vacation and sick days)     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Performance appraisal/management           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Physical working conditions                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Salary and salary administration           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Short term disability/long term disability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Rank your department on the following:**

|                                     | Excellent                | Good                     | Fair                     | Poor                     |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Adequacy of training                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Communication within the department | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooperation with other department   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooperation within the department   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Job orientation provided to you     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Relationship with your supervisor   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Workload                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Voluntary Termination**

**Rank your supervisor/manager on the following:**

|   | Excellent                | Good                     | Fair                     | Poor                     |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Admits to and is willing to correct mistakes              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Communicates important information to employees           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Encourages feedback and welcomes suggestions              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Expresses instructions clearly                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is a team leader  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Knowledgeable about department output and accomplishments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Provides consistent guidelines and practices              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Provides fair and equal treatment                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Provides recognition for job well done                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Resolves complaints/problems                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

What will your new position give you that your current position with the company does not?

---

---

What would cause you to reconsider leaving your position with the company?

---

---

Do you have any suggestions to management on how to improve your job and working conditions?

---

---

Additional Comments:

---

---

---

\_\_\_\_\_  
Interviewer Signature

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date