

**8th SoW Identified Participants and Mentors
Workforce Retention Project**

Facility Name: _____
 Month: _____ Year: _____

Please record the Number of CNA's who left during the past month for the following reasons:

<u>Involuntary Reasons:</u>	Total Number:
Poor Attendance	_____
Inadequate Clinical Skills	_____
Other (please describe): _____	_____
Total Involuntary:	0

<u>Voluntary Reasons:</u>	Total Number:
Lack of Recognition	_____
Dissatisfied	_____
Dissatisfied with Supervisor	_____
Dissatisfied with Environment	_____
Personal Reasons	_____
Job Advancement	_____
Dependent Care	_____
Inconvenient Hours	_____
Burnout	_____
Physical Limitations	_____
Job Offer - Other Healthcare Facility	_____
Job Offer - Non-Healthcare	_____
Relocation	_____
Avoiding Firing	_____
Early Retirement	_____
Planned Retirement	_____
Return to School	_____
Other (please describe): _____	_____
Total Voluntary:	0

No Reason Identified: _____

Total Involuntary, Voluntary, and No Reason Identified: _____ 0

Instructions for completion: You may indicate more than one reason for a single CNA leaving. Resons identified may be both what a CNA said in an exit interview and what you believe is the reason for leaving. Please be as honest as possible to help us identify areas where additional education and support could be offered statewide.

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