**SAMPLE EXIT QUESTIONNAIRE**

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| Name: |  | | | |  | Supervisor: | |  | | |
|  | | | | |  |  | | | | |
| Division: | |  | | |  | **Bureau/Section:** | | |  | |
|  | | | | |  |  | | | | |
| Date of Employment with the State: | | |  | |  | Date of Employment with this Department: | | | |  |
|  | | | | |  |  | | | | |
| Length of Service in Current Position: | | | |  |  | Job Class: |  | | | |

To help us improve the quality of the Department’s services and to improve employee satisfaction and working conditions, we would like you to complete this questionnaire. Your candid remarks will be most helpful to us and will not become part of your personnel file.

Please return this questionnaire to       by       . You will be contacted within the next few days to discuss this questionnaire and give you the opportunity to make additional comments, if you wish to do so. A follow-up questionnaire will be mailed to you in approximately 30 days.

Please provide us, in writing, any positive or negative information regarding specific work situations or conditions. These will be thoroughly reviewed and action taken as appropriate.

(If more room is needed, attach additional sheets as necessary.)

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| 1. Do you have another job? Yes  No | |
| If so, with whom? |  |

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| 2. Why did you decide to leave this position? Select the best response for you. |

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| a. |  | Work not appealing | |  |
| b. |  | Compensation | |  |
| c. |  | Lack of recognition | |  |
| d. |  | Benefits | |  |
| e. |  | Career opportunity – Please describe: | |  |
| f. |  | Quality of supervision | |  |
| g. |  | Working conditions | |  |
| h. |  | Family circumstances | |  |
| i. |  | Health reasons | |  |
| j. |  | Time Off | |  |
| k. |  | Work Hours | |  |
| l. |  | Work Environment | |  |
| m. |  | Other – Please explain: |  | |

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| Comments: | |
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| 4. Were you given complete and accurate information regarding your job duties prior to your acceptance of your job with this department? Yes  No  Explain: | |
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| 5. How do you feel about the job you are leaving? |

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| a) | What did you like most? |

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| b) | What did you like least? |

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| c) | What changes would you like to see? |

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| 6. Were you provided the necessary orientation, resources and training to successfully carry out your job duties?  Yes  No  Explain: | |
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| 7. How would you rate the following items? |

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|  |  | **Yes** |  | **No** |
| a) | Supervisor properly explained procedures. |  |  |  |
| b) | Supervisor demonstrated fair and equal treatment. |  |  |  |

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|  |  | **Very Good** |  | **Good** |  | **Fair** |  | **Poor** |
| c) | Showed concern for you as a person and as an employee. |  |  |  |  |  |  |  |
| d) | Provided recognition for accomplishments. |  |  |  |  |  |  |  |
| e) | Developed cooperation among employees. |  |  |  |  |  |  |  |
| f) | Tried to resolve complaints and problems. |  |  |  |  |  |  |  |
| g) | Enforced established policies and procedures. |  |  |  |  |  |  |  |
| h) | Personally followed established policies. |  |  |  |  |  |  |  |

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| 8. Do you have any suggestions for your supervisor or management in general? | |
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| 9. What changes would have made your job more enjoyable? | |
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| 10. What changes would have improved the operation of your work unit? | |
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| 11. Would you recommend this department to prospective employees? Please explain. | |
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| 12. Additional Comments: | |
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| --- | --- | --- |
|  |  |  |
| *Signature* |  | *Date* |