Employee Exit Interview Questionnaire

The Local Health Departments (LHDs) are committed to identifying ways to continuously improve the workplace for our employees. This questionnaire is voluntary and is used to seek feedback from employees transferring out of an agency or resigning, which can then be used to enact positive change within the LHDs.

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| Completed questionnaires should be returned to the agency’s HR contact at: | Name of LHD: |
|  | Address of LHD: |

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| **SECTION I: Employee Information** | | | | | | | | | | | | | | | | | Today’s Date: | | | |  | | | | | | |
| Last Name: (***Optional***) | | | |  | | | | First Name: (***Optional***) | | | |  | | | | | Position Classification: | | | | | | | |  | | |
| Site Assigned: | | |  | | | | | | | Name of Supervisor: | | | |  | | | | | | | | | | | | | |
| Date of Hire /or/ Approximate Length of Service: | | | | | | | | |  | | | | | | | Date of Separation: | | | | | | |  | | | | |
| **SECTION II: Reason(s) for Separation [CHECK ALL THAT APPLY]** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Benefits (insufficient) | | | | | | | | | | | Military Career | | | | | | | | | | | | | | | |
| Better Job: | | | | | | | | | | | Pay/Salary (insufficient) | | | | | | | | | | | | | | | |
|  | Within State Government | | | | | | | | | | Relocating/Moving | | | | | | | | | | | | | | | |
|  | Private Sector | | | | | | | | | | Resigning from Leave Without Pay | | | | | | | | | | | | | | | |
|  | Self-Employment | | | | | | | | | | Retirement: | | | | | | | | | | | | | | | |
| Career Change | | | | | | | | | | |  | | Disability | | | | | | | | | | | | | |
| Commute Length/Time – Job Location | | | | | | | | | | |  | | Early | | | | | | | | | | | | | |
| Conflict: | | | | | | | | | | |  | | From Leave Without Pay | | | | | | | | | | | | | |
|  | With Co-Worker | | | | | | | | | |  | | Standard | | | | | | | | | | | | | |
|  | With Supervisor | | | | | | | | | | Returning to School | | | | | | | | | | | | | | | |
| Family Reasons/Responsibilities | | | | | | | | | | | Transportation Issue | | | | | | | | | | | | | | | |
| Health - Personal or Other’s | | | | | | | | | | | Unsatisfactory Practices/Policy | | | | | | | | | | | | | | | |
| Inadequate Training | | | | | | | | | | | Work: | | | | | | | | | | | | | | | |
| Job Incompatibility | | | | | | | | | | |  | | Assignments Unsatisfactory | | | | | | | | | | | | | |
| Lack of: | | | | | | | | | | |  | | Heavy Workload | | | | | | | | | | | | | |
|  | Promotional Opportunities | | | | | | | | | |  | | Not Challenging/Skills Underutilized | | | | | | | | | | | | | |
|  | Recognition | | | | | | | | | |  | | Schedule Conflict | | | | | | | | | | | | | |
| Other (Specify): | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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| **SECTION III: Employee Satisfaction [CHECK THE RESPONSE THAT BEST REFLECTS YOUR OPINION]** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| # | | Question: | | | | | | | | | | | | | | | | | 1. Strongly Disagree | 1. Disagree | | 1. Neutral | | 1. Agree | | 1. Strongly Agree |
| 1 | | Overall, I was satisfied with my employment. | | | | | | | | | | | | | | | | |  |  | |  | |  | |  |
| 2 | | I knew what was expected out of my performance. | | | | | | | | | | | | | | | | |  |  | |  | |  | |  |
| 3 | | After being hired, I did the job I had expected to do, based on the posting and interview process. | | | | | | | | | | | | | | | | |  |  | |  | |  | |  |
| 4 | | I received: | | | | | | | | | | | | | | | | |  |  | |  | |  | |  |
| A | | The information necessary to be successful in my job. | | | | | | | | | | | | | | | | |  |  | |  | |  | |  |
| B | | The training necessary to be successful in my job. | | | | | | | | | | | | | | | | |  |  | |  | |  | |  |
| C | | The resources necessary to be successful in my job. | | | | | | | | | | | | | | | | |  |  | |  | |  | |  |
| D | | The support necessary to be successful in my job. | | | | | | | | | | | | | | | | |  |  | |  | |  | |  |
| E | | Adequate and timely communication and feedback. | | | | | | | | | | | | | | | | |  |  | |  | |  | |  |
| F | | Credit for my contributions. | | | | | | | | | | | | | | | | |  |  | |  | |  | |  |
| G | | Praise for my accomplishments. | | | | | | | | | | | | | | | | |  |  | |  | |  | |  |
| 5 | | My office was inclusive and accepting of diversity. | | | | | | | | | | | | | | | | |  |  | |  | |  | |  |
| 6 | | My co-workers treated me fairly and with respect. | | | | | | | | | | | | | | | | |  |  | |  | |  | |  |
| 7 | | My co-workers were committed to doing quality work. | | | | | | | | | | | | | | | | |  |  | |  | |  | |  |
| 8 | | My ideas and opinions were valued at work. | | | | | | | | | | | | | | | | |  |  | |  | |  | |  |
| 9 | | My supervisor: | | | | | | | | | | | | | | | | |  |  | |  | |  | |  |
| A | | Distributed work fairly/equally. | | | | | | | | | | | | | | | | |  |  | |  | |  | |  |
| B | | Administered discipline fairly. | | | | | | | | | | | | | | | | |  |  | |  | |  | |  |
| C | | Was helpful. | | | | | | | | | | | | | | | | |  |  | |  | |  | |  |
| D | | Was knowledgeable in the work and followed policies and procedures. | | | | | | | | | | | | | | | | |  |  | |  | |  | |  |
| E | | Encouraged professional job development and growth. | | | | | | | | | | | | | | | | |  |  | |  | |  | |  |
| F | | Worked with staff to resolve problems and to seek positive change. | | | | | | | | | | | | | | | | |  |  | |  | |  | |  |
| G | | Completed my performance evaluations timely, thoroughly and according to administrative regulations and policy. | | | | | | | | | | | | | | | | |  |  | |  | |  | |  |
| 10 | | I would consider working for this agency in the future. | | | | | | | | | | | | | | | | |  |  | |  | |  | |  |
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| **SECTION IV: Please share any additional information/comments in this section.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Additional Information/Comments: | | | | | | | | | | | | | | |  | | |  | | | | | | | | |
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| **\*\*\*For Agency HR Use\*\*\*** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Received/Reviewed by: | | | | | | |  | | | | | | | | on | | |  | | | | | | | | |
|  | | | | | | | Printed Name and Title of HR Staff Reviewing Questionnaire | | | | | | | |  | | |  | | | | | | | | |
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