EXAMPLE

EXIT QUESTIONNAIRE

Instructions: This questionnaire will be provided to all employees at the time of their separation from the agency whether voluntary or involuntary. The completion of this questionnaire shall be at the employee's option. Please send the completed form in an envelope to the Equal Employment Opportunity Officer. The Equal Employment Opportunity Officer shall maintain a separate file of all forms for possible review by the Department of Human Rights.

Name _____   Sex: Male_____   Female_____   Age: _____

Disability: Yes_____   No_____   Race_____   Hispanic: Yes_____ No_____

Date of Employment _____   Separation Date_____

Position Title _____

Starting Salary _____Current Salary _____

Who was your immediate supervisor? _____

Reason for leaving: _____

_____

Were you terminated while still in your probationary period? If so, what could your agency have done to ensure you successfully met your probationary period resulting in certification?

_____

_____

Would you want to work here again?   Yes _____   No _____

Explain: _____

_____

Same Position? Yes _____   No _____   Explain: _____

_____

Same Supervisor? Yes _____   No_____   Explain: _____

_____

Do you feel the working conditions were satisfactory?

Yes _____   No _____   Explain: _____

_____

_____

Do you have any suggestions for improving employee morale? _____

_____

_____

Were you satisfied with the pay you received for the work performed and with promotions?   Yes_____   No_____

Explain: _____

_____

Did you receive bilingual pay? If so, do you feel it was an appropriate amount? _____

_____

Were you satisfied with the supervision and were you trained properly?

Yes_____   No_____   Explain: _____

_____

Do you think management adequately recognized employee contributions? If not, what recommendations would you make to improve this?

_____

_____

Did you receive any equal employment opportunity / affirmative action orientation? Yes_____ No_____

Explain: _____

_____

During your employment did you request an accommodation based on your disability? Yes_____ No_____ N/A_____
If yes, please explain:

_____

_____

_____

Did you personally experience any discrimination while working in your position?

Yes _____   No _____   Explain: _____

_____

Are you aware of instances where others have been discriminated against?

Yes _____ No_____ Explain: _____

_____

If you have answered "Yes" to the last two questions, have you discussed or given written notice of this discrimination to your supervisor or EEO/AA Officer?

Yes _____ No _____ Explain: _____

_____

_____

_____

_____

Additional comments / concerns: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Employee Signature _____ Date _____