

EXIT INTERVIEW SURVEY

Instructions: The exit interview is an opportunity to obtain valuable information about perceptions, frustrations and areas in need of improvement. The Exit Interview Survey is designed to gather information in a consistent, non-threatening manner. Although written in survey format, each department is encouraged to identify a neutral third party to meet one on one with the employee and gather information orally. The exit interview is voluntary but strongly encouraged.

After the information is gathered the department should complete the lower section of the form and submit it to the appropriate department official (e.g. assistant dean, department chair, department director). The form does not require a name and does not become part of any personnel file. The focus is not on “who said what” rather to assist in identifying factors which contribute to dissatisfaction and turnover.

1. Describe the circumstances that have lead you to resign or separate:

2. Mark any of the following that are reason(s) for your resignation or separation:

Check mark all that apply

- | | | |
|--|--|--|
| <input type="checkbox"/> Supervisor | <input type="checkbox"/> Work hours | <input type="checkbox"/> Job security |
| <input type="checkbox"/> Stress | <input type="checkbox"/> Staffing level | <input type="checkbox"/> Grade of position |
| <input type="checkbox"/> Benefits | <input type="checkbox"/> Overtime requirements | <input type="checkbox"/> Lack of information |
| <input type="checkbox"/> Pay | <input type="checkbox"/> Potential layoff | <input type="checkbox"/> Training and development |
| <input type="checkbox"/> Job responsibility | <input type="checkbox"/> Equipment and supplies | <input type="checkbox"/> Co-workers |
| <input type="checkbox"/> Promotional opportunities | <input type="checkbox"/> Management above supervisor | <input type="checkbox"/> Physical working conditions |

3. If “Supervisor” or “Management above supervisor” is check marked above, complete the following questions:

	Supervisor		Above	
	<u>Ineffective</u>	<u>Effective</u>	<u>Ineffective</u>	<u>Effective</u>
How well does your supervisor or management above supervisor...				
A. Recognize problems needing improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Understand employees' skills, abilities and commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Organize and coordinate department activities to solve problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Recognize the department's role in addressing University needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Select plans to address the cause of problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Recognize and act on opportunities to solve problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Maintain an environment of open communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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H. Clearly communicate the purpose of plans or projects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. Establish an environment of open communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J. Clearly communicate the purpose of plans or projects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K. Understand and accommodate your needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. If “Benefits” is check marked (in #2 above), mark the specific benefits:

- | | | |
|--|--|--|
| <input type="radio"/> Holidays | <input type="radio"/> Health insurance options | <input type="radio"/> Dental plan options |
| <input type="radio"/> Vacation days | <input type="radio"/> Retirement contribution | <input type="radio"/> Dental plan costs |
| <input type="radio"/> Sick leave | <input type="radio"/> Retirement fund options | <input type="radio"/> Long term disability |
| <input type="radio"/> Health insurance costs | <input type="radio"/> Life insurance | |

5. List the reasons you check marked (in #2 above) and provide a reason for your dissatisfaction:

<u>Reason</u>	<u>Reason for Dissatisfaction</u>
_____	_____
_____	_____
_____	_____

Use reverse for additional space

6. List the reasons you check marked (in #2 above) and provide a recommendation to solve the problem:

<u>Reason</u>	<u>Recommendation</u>
_____	_____
_____	_____
_____	_____

Use reverse for additional space

7. If you had the opportunity to return to employment in your department in the future what are the top three (3) things that will need to change.

8. Please make any additional comments:

To be completed by Department:

Department Name:	Position Title:
Length of University Service:	Length of Department Service:
Supervisors Name:	

Route this page to Business Officer or Technical Support Area

Employee Name: _____

UK ID: _____

Department: _____

Phone Number: _____

Check List of Services and Security:

	Yes	No
<i>Business Office/Administrative Staff:</i>		
Keys Returned:	0	0

Specify Phone Access changes required: _____

Technical Support Office:

Electronic Home Equipment Returned:	0	0
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Security Revoked:	0	0
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(When) Account disable date: _____

(What) Electronic Security Revoked: _____

(HRS/FRS, Beta 93, client/server software, shared file server, etc.)

If the employee has files on their office computer or shared file server, who should receive access to these files? _____