

**CITY OF REXBURG
EXIT INTERVIEW QUESTIONNAIRE**

Confidential

Please take a few minutes to complete this exit interview questionnaire. The questionnaire serves as a tool to gather feedback that may help us improve working conditions, customer service, supervision and training activities. This questionnaire will not become part of your personnel record with the City. **You are not required to answer the questions on this form.** We appreciate your contribution and wish you well in the future.

Name _____ Date of Separation _____

Title _____ Supervisor _____

Department _____ Length of Service _____

Please check any of the following which have affected your decision to leave your position:

- | | | | |
|---|--|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Supervisor | <input type="checkbox"/> Equipment | <input type="checkbox"/> Better Job | <input type="checkbox"/> Health |
| <input type="checkbox"/> Rate of Pay | <input type="checkbox"/> Workload | <input type="checkbox"/> Opportunity | <input type="checkbox"/> Family |
| <input type="checkbox"/> Benefits | <input type="checkbox"/> Career Change | <input type="checkbox"/> Retirement | <input type="checkbox"/> Moving |
| <input type="checkbox"/> Working Conditions | <input type="checkbox"/> Lack of Advancement | <input type="checkbox"/> Dismissal | <input type="checkbox"/> Resignation |
| <input type="checkbox"/> Type of Work | <input type="checkbox"/> Opportunities | <input type="checkbox"/> Commute | <input type="checkbox"/> Other |

Please give the reason(s) for leaving City employment _____

What could the City have done to prevent your leaving? _____

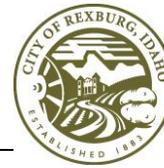
Do you have another job? _____ If yes, please answer the following:

Name and address of employer _____

Job Title _____ Starting Date _____

Forwarding address, if leaving the area _____

What will the new job offer you that your job with the City did not? _____



In your opinion, did your supervisor:

	Yes	No	Sometimes
Let you know what was expected of you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain fully and correctly your duties and responsibilities when you started working for the City?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encourage you to discuss problems freely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effectively utilize your abilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognize you for the work you did?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan and schedule work assignments effectively?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide adequate training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Give regular performance evaluations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide you with useful feedback?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Give fair and constructive performance evaluations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discuss your performance evaluations with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take into account your ideas and suggestions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

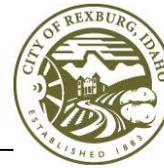
Please rate your supervisor: 1 2 3 4 5 6 7 8 9 10
 Poor Fair Excellent

Comments _____

How would you rate the following in your department?

	Excellent	Good	Fair	Poor
Communication in department/division	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Up-to-date information on City policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation & teamwork within department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of customer service provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-the-job training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical working conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall safety record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments _____



How would you rate the City's salaries, fringe benefits, and personnel policies and procedures?

	Excellent	Good	Fair	Poor
Rate of pay for your classification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paid Vacation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paid Holidays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paid Sick Leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retirement Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personnel Policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personnel Recruitment Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promotional Practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training and Seminars Offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments _____

What were your chances for advancement? Excellent Good Fair Poor

How was your workload? Too great Too light About right Varied

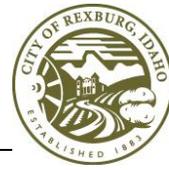
What things did you like best about working for the City? _____

Do you have any specific concerns about your employment experience here?

If a more satisfactory arrangement could be worked out, would you be willing to stay?

Yes No If yes, what would that arrangement require? _____

Would you consider working for the City in the future? Yes No If yes, do you wish to be placed on the City's re-employment list for a period of two years? Yes No



List any constructive suggestions for improvement you may have for your department or within the City. _____

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____