

Exit Interview Questionnaire

Name _____ Department _____

Job Title _____ Hire Date _____

Last Day of Employment _____

1. Please indicate reason for leaving USC Aiken: _____

-
- | | Yes | No |
|--|--------------------------|--------------------------|
| 2. Did you ever offer suggestions, relate problems, or seek advice from management? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If yes, was management responsive? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Were you kept informed regarding changes in policies, procedures and practices at USCA? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Would you consider returning to work for USCA? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Were the duties and responsibilities of your position clearly explained to you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you feel you received adequate training to perform your job responsibilities? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Check the one that best describes your workload | | |
| Too much for one person | <input type="checkbox"/> | |
| Occasionally heavy, but just about right most of the time | <input type="checkbox"/> | |
| Just right, not really over or under worked | <input type="checkbox"/> | |
| Not enough, did not fully take up my time | <input type="checkbox"/> | |

Please use the following rating scale in recording your responses in this section.
1 = Excellent 2 = Good 3 = Fair 4 = Poor 5 = No Opinion

- | | | | | | |
|--|---|---|---|---|---|
| 1. Communication between myself and the supervisor | 1 | 2 | 3 | 4 | 5 |
| 2. Relationship with my supervisor | 1 | 2 | 3 | 4 | 5 |
| 3. Guidance from my supervisor | 1 | 2 | 3 | 4 | 5 |
| 4. Relationship with co-workers | 1 | 2 | 3 | 4 | 5 |
| 5. Advancement opportunities | 1 | 2 | 3 | 4 | 5 |
| 6. Rate of pay for your job | 1 | 2 | 3 | 4 | 5 |
| 7. Cooperation and teamwork | 1 | 2 | 3 | 4 | 5 |
| 8. Resolving complaints or problems | 1 | 2 | 3 | 4 | 5 |
| 9. Working Conditions | 1 | 2 | 3 | 4 | 5 |
| 10. EPMS Program – Employee Review Process | 1 | 2 | 3 | 4 | 5 |
| 11. Fair and equal treatment | 1 | 2 | 3 | 4 | 5 |
| 12. Communication within USCA | 1 | 2 | 3 | 4 | 5 |
| 13. Communication within your Department | 1 | 2 | 3 | 4 | 5 |
| 14. Responsiveness of the Human Resources Office | 1 | 2 | 3 | 4 | 5 |
| 15. USCA's Training Programs | 1 | 2 | 3 | 4 | 5 |
| 16. Orientation | 1 | 2 | 3 | 4 | 5 |
| 17. State Government Benefits Package | 1 | 2 | 3 | 4 | 5 |

Do you have any suggestions for improving the above? _____

What did you like about your job and USCA? _____

What did you dislike about your job and USCA? _____

Please share any additional comments or suggestions. Use the reverse side of this form if necessary.

Signature _____

Date _____