

EXIT INTERVIEW QUESTIONNAIRE

HUMAN RESOURCES DEPARTMENT

Thank you for taking the time to answer the following questions. Your response will be kept in confidence. This information is needed to help make positive changes that will enhance the work environment. Please complete the following questions and bring this form with you to the Human Resources Office with the Out-going Clearance form.

Name _____ Date of Hire _____

Supervisor _____ Separation Date _____

Department _____

How would you rate the following in relation to your job?

Cooperation/communication within your department	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Cooperation/communication with other departments	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Communication/feedback between you and your manager	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Training received	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Potential for career growth	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Was the work expected of you usually	<input type="checkbox"/> Too much	<input type="checkbox"/> About right	<input type="checkbox"/> Too little	
Comments:				

Please evaluate the quality of the supervision you received in the following areas:

Support for creativity and risk taking	<input type="checkbox"/> Almost always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never
Creation of an open atmosphere for idea exchange	<input type="checkbox"/> Almost always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never
Recognition of your accomplishments	<input type="checkbox"/> Almost always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never
Effective communication of and collaboration to create clear expected outcomes and competencies	<input type="checkbox"/> Almost always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never
Access to the appropriate facilities, equipment, funds and information	<input type="checkbox"/> Almost always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never
Opportunities for challenging work	<input type="checkbox"/> Almost always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never
Opportunities to self-manage your work	<input type="checkbox"/> Almost always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never
Comments:			

How do you rate your salary and the benefits offered by the university?

Compensation/salary	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Leave (annual, sick, holiday)	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Medical plan	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Dental plan	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Tuition remission for self or spouse/domestic partner	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Tuition remission for dependent children	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Retirement savings (regular retirement and supplemental accounts)	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Flexible spending accounts (medical and dependent care)	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

Short term Disability	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Long Term Disability	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Life/Personal Accident Insurance	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
What other benefits would you like the university to offer?				

What did you enjoy most about your position(s) and/or the university?

What did you like least about your position(s) and/or the university?

If you are taking a position at another organization, what prompted you to seek other employment?

Before making your decision to leave, did you investigate the possibility of a transfer? Yes No

In order to continually improve our focus on excellence, please share with us any recommendations you have for improvement at Wilkes.

Additional comments about your employment at Wilkes University:

Thank you for completing this questionnaire. Please return this form to the Human Resources Office.