

City of Clarksville EXIT QUESTIONNAIRE

DATE: _____
 NAME: _____ HIRE DATE: _____
 JOB TITLE: _____ SUPERVISOR: _____

In an effort to make our organization a better place to work we request your response to the following questions.

1. In what department and location were you employed? _____
2. Was your decision to leave the company influenced by any of the following? Please check all that apply:

| | |
|--|--|
| _____ a. Better Job Opportunity | _____ f. Family/Personal Circumstances |
| _____ b. Type of Work | _____ g. Commuting Distance |
| _____ c. Rate of Pay | _____ h. Supervision |
| _____ d. Better Benefits | _____ i. Return to School |
| _____ e. Illness or Physical Condition | _____ j. Other (Specify) |

Comments: _____

4. If you are leaving for another job, will you be doing the same type of work? _____ Yes _____ No
 If No, what type of work will you be doing? _____

5. What does your new job offer you that your job with us did not? _____

6. How would you evaluate your supervision on the following:

| | Almost Always | Usually | Some- Times | Almost Never |
|---|------------------|---------|----------------|-----------------|
| Follow established policies and practices. | _____ | _____ | _____ | _____ |
| Demonstrates fair and equal treatment. | _____ | _____ | _____ | _____ |
| Promotes cooperation. | _____ | _____ | _____ | _____ |
| Resolves complaints and problems effectively. | _____ | _____ | _____ | _____ |
| Provides recognition for good job performance. | _____ | _____ | _____ | _____ |
| Encourages feedback, welcomes suggestions. | _____ | _____ | _____ | _____ |
| Gives clear instructions. | _____ | _____ | _____ | _____ |
| Informs employees on matters relating to their job. | _____ | _____ | _____ | _____ |
| Provides constructive suggestions for improvement. | _____ | _____ | _____ | _____ |

7. Please rate the following:

| | Excellent | Good | Fair | Poor |
|--|-----------|-------|-------|-------|
| Cooperation within your department. | _____ | _____ | _____ | _____ |
| Cooperation between departments. | _____ | _____ | _____ | _____ |
| On-the-Job Training. | _____ | _____ | _____ | _____ |
| Equipment Provided. | _____ | _____ | _____ | _____ |
| Communications within your department. | _____ | _____ | _____ | _____ |
| Physical working conditions in the department you work _____ | _____ | _____ | _____ | _____ |
| Safety, including safe work practices. | _____ | _____ | _____ | _____ |
| Chances for advancement within the City. | _____ | _____ | _____ | _____ |

8. Compared to similar jobs in the area, how do you feel about your rate of pay and the employee benefits provided by the City of Clarksville?

| | Excellent | Good | Fair | Poor |
|--|-----------|-------|-------|-------|
| Rate of Pay for your job. | _____ | _____ | _____ | _____ |
| Group Medical Insurance and prescription card. | _____ | _____ | _____ | _____ |
| Dental Insurance | _____ | _____ | _____ | _____ |
| Life Insurance. | _____ | _____ | _____ | _____ |
| Long-Term Disability. | _____ | _____ | _____ | _____ |
| Paid Vacation. | _____ | _____ | _____ | _____ |
| Paid Holidays. | _____ | _____ | _____ | _____ |
| Sick Time. | _____ | _____ | _____ | _____ |
| Pension Plan | _____ | _____ | _____ | _____ |
| Deferred compensation plan. | _____ | _____ | _____ | _____ |

9. Was your workload usually (*Please Check One*) _____ Too Great _____ About Right
_____ Varied, OK _____ Too Light

10. What specific conditions, if any, were you dissatisfied: _____

11. What did you like best about your job, department and company: _____

12. What did you like least? _____

Thank you for your feedback!