



Saline County Exit Questionnaire

Name: _____

Position Title: _____

Supervisor's Name: _____

Supervisor's Title: _____

Date of Hire: _____

Date of Separation: _____

1. When you were first employed by the County, were the duties and responsibilities of your job clearly explained to you?

Yes No

2. If you have voluntarily resigned, please summarize the reasons behind your decision:

3. Are there any specific practices or working conditions that led to your decision to resign?

Yes No

4. Are there any specific practices or working conditions that you feel are particularly beneficial and should be maintained?

Yes No

5. If you have accepted another position, will you be performing the same type of work? Yes No

If no, please specify new job duties: _____

6. If you have accepted another position, does it offer you:

- | | |
|--|---|
| <input type="checkbox"/> Better Hours | <input type="checkbox"/> More Opportunities for Advancement |
| <input type="checkbox"/> Better Benefits | <input type="checkbox"/> Return to a Former Trade |
| <input type="checkbox"/> Higher Pay | <input type="checkbox"/> Other |
| <input type="checkbox"/> Less Strenuous Work | |

7. What did you like most about your job or department: _____

8. What did you like least about your job or department: _____

9. Did you feel your efforts made an important contribution to the department and County operations?

- Almost Always Sometimes Seldom Never

10. Were you kept informed of changes in departmental and County policies and practices? Yes No

11. Was the amount of work you were expected to do:

- Too much for one person?
 Occasionally heavy but about right most of the time?
 Just right--not underworked or overworked?
 Not enough? Did not fully utilize time.

12. How would you rate the County on each of the following points:

	Excellent	Good	Poor
Fair and Equal Treatment by Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognition of Good Job Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resolution of Complaints and Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-the-Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wage or Salary Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wage or Salary Increases Received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fringe Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities for Career Advancement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to Information Needed to do Job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management Response to Your Ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Please feel free to make any additional comments:

 Signature

 Date

Upon completion of this form, please return it to the Human Resources Office.