



EXIT INTERVIEW

The Exit Interview process is your opportunity to provide valuable feedback on your time here with the department. Your feedback will assist in continuing to improve working conditions and morale in the work place. It will also help the department in its strategic efforts in creating and maintaining an effective workforce.

DEMOGRAPHICS

| | | | |
|---------------------------------------|--|--|--------------------------------------|
| Employee Name | | Employee Number | |
| Recent Job Title | | Interview Date | |
| Program Name | | Last Work Date | |
| Division Name | | Supervisor Name | |
| Check Your Racial/ Ethnic Grouping | <input type="checkbox"/> Black, Not of Hispanic Origin | <input type="checkbox"/> White, Not of Hispanic Origin | <input type="checkbox"/> Hispanic |
| | <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> No Response |

REASONS FOR LEAVING

| | | | |
|--|-------------|---------------------|------------------------------|
| Check the Primary Reason(s) for Leaving LISD | Resignation | Department Transfer | Other (Please Specify) _____ |
| | Retirement | Termination | _____ |

**Which of These Statements Most Accurately Represent the Primary Reason for Leaving the District
(Select One Primary Reason)**

| | | | |
|------------------------|--------------------------|---|--------------------|
| Better Pay / Benefits | Return to School | Supervisor Issues | Working Conditions |
| Different Career Path | Commuting Hardships | More Challenging Job Opportunities | Other (Specify) |
| Personal/Family Health | Child/Family Care Issues | Unresolved Discrimination Practices | |
| Relocation | Self-Employment | Lack of Promotion/Advancement Opportunities | |

**Which of These Statements Most Accurately Represent Other Secondary Reasons for Leaving the District
(Select 3 Secondary Reasons)**

| | | | |
|--------------------------|---------------------------------|--|------------------|
| Hostile Work Environment | Lack of Clear Expectations | Better Pay/Benefits | Return to School |
| Supervisor Issues | Lack of Leadership in Work Area | Commuting Hardships | Other (Specify) |
| Personal/Family Health | Child/Family Care Issues | Unreasonable Distribution of Workload | |
| Leaving Longview | Lack of Training Opportunities | Lack of Tools and Resources for My Job | |

DEPARTMENT POLICIES

| | | | |
|---|-----|----|--------|
| Does the District Have Clearly Defined Policies and Procedures in Place | Yes | No | Unsure |
|---|-----|----|--------|

Rate Your Experience of How the Policies and Procedures of the Department Were Enforced With Regards to These Statements

| | Excellent | Above Average | Average | Poor | Extremely Poor |
|--------------------|-----------|---------------|---------|------|----------------|
| Well Managed | | | | | |
| Consistent | | | | | |
| Clear Expectations | | | | | |
| Fair Workplace | | | | | |

AVAILABILITY OF WORK RESOURCES

| | | | |
|---|-----|----|--------|
| Do You Feel You Had the Resources and Support Necessary to Accomplish Your Job? | Yes | No | Unsure |
|---|-----|----|--------|

| | |
|---------------------------------------|--|
| If No, Please Specify What is Missing | |
|---------------------------------------|--|

Rate Your Experience of the Availability of Work Resources Necessary to Accomplish Your Job at Your Work Location

| | | | | | |
|--|-----------|---------------|---------|------|----------------|
| | Excellent | Above Average | Average | Poor | Extremely Poor |
|--|-----------|---------------|---------|------|----------------|

SUPERVISOR RELATIONS

How Would You Rate the Relationship With Your Supervisor (Use the Scale to Rate the Quality of the Relationship)

| | | | | | |
|--|-----------|---------------|---------|------|----------------|
| | Excellent | Above Average | Average | Poor | Extremely Poor |
|--|-----------|---------------|---------|------|----------------|

What Could Your Supervisor Do To Improve His/Her Management Style and Skill? (Choose All That Apply)

| | |
|---|---|
| More Positive Re-Enforcement Utilize Active Listening Skills Provide Clearer Job Assignments Provide Frequent Reviews of Job Goals | Provide Clearer Communications Maintain Confidentiality Lack of Leadership in Work Area Fair Disciplinary Measures |
|---|---|

| | |
|---------------------------|--|
| Other (Please Specify) | |
|---------------------------|--|

FURTHER COMMENTS

| | |
|---|--|
| What changes would you recommend the department to make? | |
| Is there anything in relations to your job that had it changed, might have persuaded you to stay longer? If so, what? | |
| What did you like best about working in the department? | |
| What did you like least about working in your department / program? | |
| Are there any other comments you would like to include? | |

Typing name and checking box indicates approval of official signature

Date

Human Resources Representative Signature

Date