



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	
Assignment		Last Work Date	
Building/Department		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	<input type="checkbox"/> Resignation <input type="checkbox"/> Department Transfer <input type="checkbox"/> Other(Specify) _____		
	<input type="checkbox"/> Retirement <input type="checkbox"/> Termination _____		

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

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

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

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

DEPARTMENT POLICIES

Does the District Have Clearly Defined Policies and Procedures in Place	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
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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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consistent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clear Expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fair Workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 <input type="checkbox"/>	Above Average <input type="checkbox"/>	Average <input type="checkbox"/>	Poor <input type="checkbox"/>	Extremely Poor <input type="checkbox"/>
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SUPERVISOR RELATIONS

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

	Excellent <input type="checkbox"/>	Above Average <input type="checkbox"/>	Average <input type="checkbox"/>	Poor <input type="checkbox"/>	Extremely Poor <input type="checkbox"/>
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What Could Your Supervisor Do To Improve His/Her Management Style and Skill? (Choose All That Apply)

- | | |
|--|--|
| <input type="checkbox"/> More Positive Re-Enforcement | <input type="checkbox"/> Provide Clearer Communications |
| <input type="checkbox"/> Utilize Active Listening Skills | <input type="checkbox"/> Maintain Confidentiality |
| <input type="checkbox"/> Provide Clearer Job Assignments | <input type="checkbox"/> Lack of Leadership in Work Area |
| <input type="checkbox"/> Provide Frequent Reviews of Job Goals | <input type="checkbox"/> 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?	

Employee Signature

Date

Human Resources Representative Signature

Date