

**EMPLOYEE EXIT SURVEY**

GS 72 (REV. 8--92) (Corrected 10-92)

This survey will provide the Department of General Services with information needed to improve present and future employee working conditions. Information provided in this survey will be kept confidential and **will not become part of your personnel folder**. A summary statistical report will be developed from the responses and then the survey forms will be destroyed. Thank you for completing this survey. Your input is appreciated.

Please consider the questions listed below and return the completed survey in the self-addressed return envelope as soon as possible. If you do not have the self-addressed return envelope, return the completed survey to the address on the reverse.

1. YOUR NAME (Optional)		CHECK HERE IF YOU PARTICIPATED IN AN EXIT INTERVIEW <input type="checkbox"/>	
OFFICE SEPARATING FROM		EFFECTIVE DATE OF SEPARATION	
2. YOUR CIVIL SERVICE STATUS		YOUR YEARS OF CIVIL SERVICE	
<input type="checkbox"/> PERMANENT <input type="checkbox"/> PROBATION NOT COMPLETED <input type="checkbox"/> PERMANENT/INTERMITTENT <input type="checkbox"/> LIMITED TERM <input type="checkbox"/> TEMPORARY AUTHORIZATION		(With State)    (With DGS)    (In Current Class)	
3. EMPLOYEE'S GENDER		YOUR PRESENT CLASSIFICATION	
<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		<input type="checkbox"/> UNDER 21 <input type="checkbox"/> 21 - 29 <input type="checkbox"/> 30 - 39	
DO YOU HAVE A DISABILITY?		<input type="checkbox"/> 40 - 49 <input type="checkbox"/> 50 - 59 <input type="checkbox"/> 60 OR OVER	
<input type="checkbox"/> YES <input type="checkbox"/> NO			
4. CHOOSE THE ETHNIC GROUP WITH WHICH YOU MOST CLOSELY IDENTIFY			
<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> American Indian (Specify tribe) _____ <input type="checkbox"/> Filipino <input type="checkbox"/> Eskimo <input type="checkbox"/> Aleut			
<b>HISPANIC</b> <input type="checkbox"/> Mexican, Mexican/American, Chicano <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Any Other Spanish/Hispanic (Specify) _____		<b>ASIAN</b> <input type="checkbox"/> Japanese <input type="checkbox"/> Other Asian <input type="checkbox"/> Chinese <input type="checkbox"/> Cambodian <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Asian Indian	
		<b>PACIFIC ISLANDER</b> <input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Guamanian/Chamorro <input type="checkbox"/> Other Pacific Islander (Specify) _____	
		OTHER NOT LISTED (Specify) _____	
5. PLEASE CHECK THE MAIN FACTOR(S) WHICH PROMPTED YOU TO LEAVE YOUR PRESENT POSITION			
<input type="checkbox"/> Other Employment <input type="checkbox"/> Separation from State Service <input type="checkbox"/> Transfer to another State agency <input type="checkbox"/> Transfer within DGS (Check reason for transfer below) <input type="checkbox"/> Higher salary/promotion <input type="checkbox"/> Promise of a promotion <input type="checkbox"/> Change in career field <input type="checkbox"/> Increased potential for promotion <input type="checkbox"/> No change in duties or salary <input type="checkbox"/> Terminated by DGS <input type="checkbox"/> Rejection during probation <input type="checkbox"/> Moving		<input type="checkbox"/> To Further Education <input type="checkbox"/> Discrimination based on: (Please explain on reverse side) <input type="checkbox"/> Race <input type="checkbox"/> Retaliation <input type="checkbox"/> Sex (Gender) <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Other Were you aware of departmental procedures and resources available to remedy allegations of discrimination? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Medical Reasons <input type="checkbox"/> Self <input type="checkbox"/> Family Member Retirement <input type="checkbox"/> Regular <input type="checkbox"/> Disability Leave of Absence <input type="checkbox"/> Education <input type="checkbox"/> Military Medical Disability <input type="checkbox"/> Nonindustrial <input type="checkbox"/> Industrial <input type="checkbox"/> Stay Home and/or Family Obligations <input type="checkbox"/> Transportation Problems <input type="checkbox"/> Childcare Needs <input type="checkbox"/> Other (Please explain on reverse)	
6. DID YOU PARTICIPATE IN PROMOTIONAL EXAMS WHILE EMPLOYED WITH DGS? IF YES, WERE YOU SELECTED?			
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
7. IF YOU WERE NOT SELECTED, DO YOU KNOW WHY? (Please explain)			

(Continue on reverse.)

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8. JOB SATISFACTION - PLEASE RATE THE FOLLOWING	EXCEL- LENT	SATISFAC- TORY	POOR*	DID YOU COMPLETE THE FOLLOWING DURING YOUR TENURE WITH DGS?	YES	NO
Supervision received				Individual Development Plan		
Location/Physical environment				Individual Training Plan/Career Development Plan		
Training provided for job				Did you receive any performance evaluations?		
Working hours				If you received performance evaluations, what was the date of the last one?		
Office equipment				Did you receive a duty statement when you were hired?		
Office morale				Were the duties of your last position clearly explained?		
Promotional opportunities				Were you provided with opportunities for upward mobility?		
Workload distribution						
Management support						
Staffing						

*\*If poor, please explain in "Additional Comments" below.*

9. DO YOU FEEL DGS POLICIES, RULES, REGULATIONS, AND EMPLOYEE ACTIVITIES WERE COMMUNICATED EFFECTIVELY AND IMPLEMENTED IN A FAIR AND TIMELY MANNER? IF NO, HOW CAN THIS BE IMPROVED?

10. IF GIVEN AN OPPORTUNITY, WOULD YOU RETURN TO A POSITION WITH DGS?

YES       NO

ADDITIONAL COMMENTS: (Attach additional pages, if necessary.)