STATE OF CALIFORNIA

DEPARTMENT OF GENERAL SERVICES

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 ☐

OFFICE SEPARATING FROM

EFFECTIVE DATE OF SEPARATION

YOUR YEARS OF CIVIL SERVICE

(With State) | *(With DGS)* | *(In Current Class)*

2. YOUR CIVIL SERVICE STATUS

☐ PERMANENT ☐ PROBATION NOT COMPLETED ☐ PERMANENT/ INTERMITTENT ☐ LIMITED TERM ☐ TEMPORARY AUTHORIZATION

3. EMPLOYEE'S GENDER

☐ FEMALE ☐ MALE

DO YOU HAVE A DISABILITY?

☐ YES ☐ NO

YOUR AGE GROUP

☐ UNDER 21 ☐ 21 - 29 ☐ 30 - 39

☐ 40 - 49 ☐ 50 - 59 ☐ 60 OR OVER

YOUR PRESENT CLASSIFICATION

4. CHOOSE THE ETHNIC GROUP WITH WHICH YOU MOST CLOSELY IDENTIFY

☐ Black

☐ White

☐ American Indian *(Specify tribe)*

☐ Filipino

☐ Eskimo

☐ Aleut

HISPANIC

☐ Mexican, Mexican/ American, Chicano

☐ Puerto Rican

☐ Cuban

☐ Any Other Spanish/Hispanic *(Specify)*

ASIAN

☐ Japanese ☐ Other Asian

☐ Chinese ☐ Cambodian

☐ Korean ☐ Laotian

☐ Vietnamese

☐ Asian Indian

PACIFIC ISLANDER

☐ Hawaiian

☐ Samoan

☐ Guamanian/Chamorro

☐ Other Pacific Islander *(Specify)*

OTHER NOT LISTED *(Specify)*

5. PLEASE CHECK THE MAIN FACTOR(S) WHICH PROMPTED YOU TO LEAVE YOUR PRESENT POSITION

☐ Other Employment

☐ Separation from State Service ☐ Transfer to another State agency

☐ Transfer within DGS *(Check reason for transfer below)*

☐ Higher salary/promotion ☐ Promise of a promotion

☐ Change in career field ☐ Increased potential for promotion

☐ No change in duties or salary

☐ Terminated by DGS ☐ Rejection during probation

☐ Moving

☐ To Further Education

☐ Discrimination based on: *(Please explain on reverse side)*

☐ Race ☐ Retaliation

☐ Sex *(Gender)*

☐ Sexual Harassment

☐ Other

Were you aware of departmental procedures and resources available to remedy allegations of discrimination?

☐ Yes ☐ No

Medical Reasons

☐ Self ☐ Family Member

Retirement

☐ Regular ☐ Disability

Leave of Absence

☐ Education ☐ Military

Medical Disability

☐ Nonindustrial ☐ Industrial

☐ Stay Home and/or Family Obligations

☐ Transportation Problems

☐ Childcare Needs

☐ Other *(Please explain on reverse)*

6. DID YOU PARTICIPATE IN PROMOTIONAL EXAMS WHILE EMPLOYED WITH DGS?

☐ YES ☐ NO

IF YES, WERE YOU SELECTED?

☐ YES ☐ 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*
Supervision received			
Location/Physical environment			
Training provided for job			
Working hours			
Office equipment			
Office morale			
Promotional opportunities			
Workload distribution			
Management support			
Staffing			

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

DID YOU COMPLETE THE FOLLOWING DURING YOUR TENURE WITH DGS?	YES	NO
Individual Development Plan		
Individual Training Plan/Career Development Plan		
Did you receive any performance evaluations?		
If you received performance evaluations, what was the date of the last one?		
Did you receive a duty statement when you were hired?		
Were the duties of your last position clearly explained?		
Were you provided with opportunites for upward mobility?		

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.)*

Please rerturn the completed survey to: Department of General Services, Equal Employment Opportunity Office, 1325 J Street, Suite 1910, Sacramento, CA 95814; Telephone (916) 324-7108 or ATSS 8-454-7108 or TDD (916)324-0940.