

Exit Interview Questionnaire
Texas A&M University-Commerce

Name: _____ Sex: Male ☐ Female ☐ Age: _____

Department: _____ Job Title: _____

Length of Employment: _____ Full Time ☐ Less than Full Time ☐

Race/Ethnicity:

- | | |
|--|---|
| <input type="checkbox"/> Black non-Hispanic | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> American Indian or Alaskan native | <input type="checkbox"/> White non-Hispanic |
| <input type="checkbox"/> Asian or Pacific Islander | |

Please check any of the following which contributed to your decision to leave your current position:

- | | |
|--|--|
| <input type="checkbox"/> Better job opportunity | <input type="checkbox"/> Family circumstances |
| <input type="checkbox"/> Working conditions | <input type="checkbox"/> Health |
| <input type="checkbox"/> Type of work | <input type="checkbox"/> Return to school |
| <input type="checkbox"/> Rate of pay | <input type="checkbox"/> Military service |
| <input type="checkbox"/> Supervision | <input type="checkbox"/> Self employment |
| <input type="checkbox"/> Commuting distance | <input type="checkbox"/> Moving from area |
| <input type="checkbox"/> Lack of opportunity for advancement | <input type="checkbox"/> Better fringe benefit package |

☐ Other (Explain) _____

What was the most important factor that influenced you to leave?

Please rate the following benefits:

	Excellent	Good	Fair	Poor	No opinion
Your salary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paid holidays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sick leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vacation leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life and disability insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retirement plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please rate the following in your job or department:

	Excellent	Good	Fair	Poor	No opinion
Orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On the job training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Please rate your supervisors/managers ability on the following points:

	Excellent	Good	Fair	Poor	No opinion
Demonstrates fair and equal treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides appropriate recognition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resolves complaints/difficulties in a timely fashion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows policy and procedures (to best of your knowledge)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encourages feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expresses instructions clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develops cooperation among staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did you receive a current job description for your position when you were employed? ☐Yes ☐No

How satisfied were you with the work you were doing? _____

Is the pay on your new job: ☐More ☐The same ☐Less

Do you have any suggestions for training programs that would be beneficial for TAMU-C employees? _____

Did you experience any of the following while working in your department?

	Yes	No
Favoritism of other employees	<input type="checkbox"/>	<input type="checkbox"/>
Unfair treatment	<input type="checkbox"/>	<input type="checkbox"/>
Threats for filing a grievance	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Are you leaving for any reason which would appear to reflect discrimination on the basis of race, color, gender, religion, national origin, age, or disability?

☐Yes ☐No If yes, explain: _____

Did you attempt to seek remedy of the situation? ☐Yes ☐No

If yes, whom did you contact? _____ Approximate date? _____

If you were the supervisor/manager of your former department, what changes would you make?

Would you work again for TAMU-C? ☐Yes ☐No

Would you work again in the same department? ☐Yes ☐No

Signature _____

Date _____