EXIT INTERVIEW QUESTIONNAIRE

County of Sonoma is seeking information from outgoing employees to help make the County a better place to work. Your answers to this questionnaire will provide County decision makers with important information regarding the work environment. The survey will take approximately 20-25 minutes to complete. You will also receive an invitation for an in-person exit interview with a department representative in which the information in the questionnaire will be discussed. You are not obligated to attend the interview, but you are strongly encouraged. You may submit the completed questionnaire during your exit interview, or you may provide it to your department human resources representative on or before you last day of employment.

Efforts will be made to keep the confidentiality of respondents, particularly if the County determines the provided information requires follow-up action; however, under certain circumstances the County may be legally obligated to disclose a respondent's name.

Name	Employment Date
	Termination Date
Department	Years with Department
	Years with County
Job Title	Supervisor

What did you think of your supervision in regard to the following?

	Almost Always	Sometimes	Never	Comments
I received fair and equal treatment.	[]	[]	[]	
I was recognized for the work I performed.	[]	[]	[]	
I felt there was cooperation and teamwork.	[]	[]	[]	
I was encouraged to provide suggestions and feedback.	[]	[]	[]	
Complaints and problems were resolved.	[]	[]	[]	
Policies and practices were followed.	[]	[]	[]	
I communicated well with my supervisor.	[]	[]	[]	
My supervisor took an interest in my career development.	[]	[]	[]	

Was your workload usually: [] Too great	[] Varied but all right	[] About right	[] Too light
Comments:			

How did you feel about your salary and the employee benefits?

	Excellent	Good	Acceptable	Poor	No comment	Comments
Base Salary	[]	[]	[]	[]	[]	
Medical Plan	[]	[]	[]	[]	[]	
Dental Plan	[]	[]	[]	[]	[]	
Vision Plan	[]	[]	[]	[]	[]	
Life Insurance	[]	[]	[]	[]	[]	
Paid Time Off	[]	[]	[]	[]	[]	
LTD Plan	[]	[]	[]	[]	[]	

Are there any other benefits you feel should have been offered? [] Yes [J No
If "Yes" provide further detail:	

How would you rate the following in relation to your job?

	Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
There was cooperation amongst	Agree			Disagree	
members of the department.	[]	[]	[]	[]	
There was cooperation between					
departments.	[]	[]	[]	[]	
Individuals communicated well within					
the department.	[]	[]	[]	[]	
There was strong communication					
within the organization.	[]	[]	[]	[]	
The morale of the department was positive and up-beat.	[]	[]	[]	[]	
I had a sense of job satisfaction.	[]	[]	[]	[]	
	[[]	l J	l J	l J	
I received adequate training to perform	[]	[]	[]	[]	
my job responsibilities	r 1		r 1	r 1	
I had growth potential.	[]	[]	[]	[]	
I had a good working relationship with	[]	[]	[]	[]	
co-workers.					
Training or job development met my	[]	[]	[]	[]	
expectations.	L J		l J	l J	
Work assignments were distributed	[]	[]	[]	[]	
evenly.	ſJ	l J	ιJ	l J	
I had a clear understanding of my job	[]	[]	[]	[]	
duties.	ιJ	L J	ιJ	ιı	
Working conditions met expectations.	[]	[]	[]	[]	
The pay was fair for the amount of	[]	r 1	r 1	[]	
work required.	[]	[]	[]	[]	
The benefits were competitive.	[]	[]	[]	[]	
My work schedule met my needs.	[]	[]	[]	[]	
Overall, I was satisfied with my job.	[]	[]	[]	[]	

How frequently did you receive performance feedba	ack? 	
How frequently did you have discussions with your	supervisor / manager about yo	ur career goals?
What does your new job offer that this position did	not?	
Why is your new job / company better?		
What did you like most about your position?		
What did you like least about your position?		
Would you recommend the County to a friend as a p		[] No
Employee signature:	D	ate:
Exit Interview completed by:	C	Pate:

Instructions:

Original to the employee confidential file Copy to Human Resources