EMPLOYEE EXIT QUESTIONNAIRE

State Form 49221 (3-99) / HRD 0004

PURPOSE: The purpose of this questionnaire is to allow the Family and Social Services Administration (FSSA) to comply with the reporting requirements under The Affirmative Action Plan as outlined in Executive Order 11246. In addition, the information will be used by FSSA to see if there are ways we can improve our work force. This information is **confidential** and will not be given to your supervisor nor will it be filed in your personnel file.

Name of employee	Date (*month, day, year*)

REASON FOR LEAVING CURRENT POSITION (*Check one only*):

- ☐ Promotion within State Government
- ☐ Demotion Voluntary
- ☐ Lateral Transfer
- ☐ Retirement
- ☐ Returning to school
- ☐ Leaving work force
- ☐ Other (*specify*):
- ☐ Promotion within FSSA
- ☐ Demotion In-Voluntary
- ☐ Leaving State Government for other employment opportunities
- ☐ Leaving due to health reasons
- ☐ Moving out of area

SATISFACTION WITH FSSA POSITION (*Please circle which number best rates*):

	LIKED >>>>>>>>>>>>>>>>>>> DISLIKED					COMMENT (*Continue on back side*)
1. Pay	1	2	3	4	5	
2. Benefits (*Health/Dental/Vision/Life Insurance*)	1	2	3	4	5	
3. Leave Time (*Vacation/Sick/Personal/Holidays*)	1	2	3	4	5	
4. Training Provided	1	2	3	4	5	
5. Direct Supervision	1	2	3	4	5	
6. Work Assignments	1	2	3	4	5	
7. Co-Workers	1	2	3	4	5	
8. Advancement Opportunities	1	2	3	4	5	
9. Work Hours	1	2	3	4	5	
10. Work Environment (*physical office space*)	1	2	3	4	5	
11. Equipment adequate to perform assigned tasks	1	2	3	4	5	
12. Other (*specify*):	1	2	3	4	5	

If your new position is outside state government, which area would best describe the employer:

- ☐ Federal Government
- ☐ For Profit Corporation (*not retail sales*)
- ☐ Not for Profit Corporation
- ☐ Other (*specify*):
- ☐ Local Government
- ☐ Retail Sales
- ☐ School Corporation

ADDITIONAL COMMENTS (*continue on back side*):

SATISFACTION WITH FSSA POSITION ADDITIONAL COMMENTS:

ADDITIONAL COMMENTS: