



## Employee Exit Interview Form

The University of Incarnate Word is constantly striving to improve its Human Resources practices and striving to make the University a better place to work. To that end, the Department of Human Resources provides departing employees an opportunity to express opinions about their employment. Your comments and suggestions will help us improve the work environment at UIW. Responses are considered confidential and will not be used in any way to affect your employment elsewhere. Thank you for your time.

Employee Name: \_\_\_\_\_ Position Title: \_\_\_\_\_

Employee I.D. #: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Hire Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_

Please indicate the main factor(s) that influenced your decision to leave UIW: (check all that apply)

- |                                                                         |                                                 |
|-------------------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Accepted position in private sector university | <input type="checkbox"/> Better job opportunity |
| <input type="checkbox"/> Accepted position in public sector university  | <input type="checkbox"/> Relocation             |
| <input type="checkbox"/> Anticipated non-reappointment/tenure denial    | <input type="checkbox"/> Retirement             |
| <input type="checkbox"/> Contract expired/ tenure denied                | <input type="checkbox"/> Return to school       |
| <input type="checkbox"/> Change in direction of career                  | <input type="checkbox"/> Personal Reasons       |
| <input type="checkbox"/> Compensation                                   | <input type="checkbox"/> Working conditions     |
| <input type="checkbox"/> Family Responsibilities                        | <input type="checkbox"/> Position eliminated    |
| <input type="checkbox"/> Traveling Distance                             | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Involuntary Termination                        | _____                                           |

1. What did you like most about:  
your position? \_\_\_\_\_  
\_\_\_\_\_

2. What did you like most about:  
your department? \_\_\_\_\_  
\_\_\_\_\_

3. What did you like least about:  
your position? \_\_\_\_\_  
\_\_\_\_\_

4. What did you like least about:  
your department? \_\_\_\_\_  
\_\_\_\_\_

5. Would you recommend this institution to others as a good place to work?

- YES       YES, with reservations       NO

**HOW WOULD YOU RATE THE FOLLOWING?**

**EMPLOYMENT EXPERIENCE**

1= Strongly Disagree    2=Disagree    3=Neither agree nor disagree    4=Agree    5=Strongly Agree

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
I was challenged by my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was recognized for my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My job description accurately reflects my job responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was given honest, worthwhile performance appraisals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My department was adequately staffed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upper management communicates well with employees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt there were opportunities for career advancement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The pay was fair for the amount of work required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**RATE YOUR SUPERVISOR/MANAGER ON THE FOLLOWING POINTS**

1= Strongly Disagree    2=Disagree    3=Neither agree nor disagree    4=Agree    5=Strongly Agree

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
My supervisor gave clear instructions for tasks/responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My supervisor provides recognition on the job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My supervisor handles complaints fairly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My supervisor follows consistent policies and practices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My supervisor keeps employees informed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My supervisor encourages feedback; welcomes suggestions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My supervisor exhibits willingness to admit and correct mistakes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**RATE EMPLOYEE BENEFITS**

Healthcare Insurance (Medical, Dental, Vision)

Excellent                       Good                       Fair                       Poor                       No opinion

TIAA-CREF (Retirement Plan)

Excellent                       Good                       Fair                       Poor                       No opinion

Vacation / Sick Time Allotment

Excellent                       Good                       Fair                       Poor                       No opinion

Tuition Waiver

Excellent                       Good                       Fair                       Poor                       No opinion

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee Signature

Date