

YOUTH SERVICES EMPLOYEE EXIT INTERVIEW

Instructions to Interviewer: Please ensure employee is made aware of the following at the beginning of the interview:

- The information collected is designed to help improve working conditions, and the employees' opinions are important.
- The employee should be encouraged to discuss any issues they think are important to the organization beyond the questions asked.
- The employees' responses are confidential, and will only be reported in a format combined with other employees and without reference to employees' names.

Agency Information

Work Location: <input type="checkbox"/> Central Office <input type="checkbox"/> DYS <input type="checkbox"/> BCCY <input type="checkbox"/> JCCY <input type="checkbox"/> SCCY

Employee Information

Name:	C.S. Job Title:
Supervisor's Name:	Supervisor's C.S. Job Title:
Hire Date:	Exit Date:

1. I have worked for Youth Services for:

<input type="checkbox"/> Less than 1 Year	<input type="checkbox"/> 1 to 2 Years	<input type="checkbox"/> 2 to 5 Years	<input type="checkbox"/> 5 to 10 Years	<input type="checkbox"/> More than 10 Years
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2. My current shift is:

<input type="checkbox"/> 8 a.m. to 4:30 p.m.	<input type="checkbox"/> 6 p.m. to 6 a.m.	<input type="checkbox"/> 6 a.m. to 6 p.m.	<input type="checkbox"/> Other
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3. My age is:

<input type="checkbox"/> Less than 25	<input type="checkbox"/> 25 to 30	<input type="checkbox"/> 31 to 35	<input type="checkbox"/> 36 to 40	<input type="checkbox"/> Over 40
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4. My race/ethnicity is:

<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> White	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<input type="checkbox"/> Black	<input type="checkbox"/> American Indian			

5. My sex is:

6. My reason(s) for leaving are: (Check all that apply)

<input type="checkbox"/> Retirement	<input type="checkbox"/> Dismissal	<input type="checkbox"/> Going to School
<input type="checkbox"/> Family Issues	<input type="checkbox"/> Disliked the Work	<input type="checkbox"/> Moving
<input type="checkbox"/> Health Problems	<input type="checkbox"/> Disliked the Work Environment	<input type="checkbox"/> Discriminatory Practices
<input type="checkbox"/> Transportation Problems	<input type="checkbox"/> Problems with Work Hours	<input type="checkbox"/> Issues with Supervisor
<input type="checkbox"/> Lack of Promotional Opportunities	<input type="checkbox"/> Not Satisfied with Wages	<input type="checkbox"/> Self-Employment
<input type="checkbox"/> Secured a Job in a Different Field of Work	<input type="checkbox"/> Secured a Higher-Level Job in the Same Field of Work	
<input type="checkbox"/> Secured a Similar Job at a Different Organization	<input type="checkbox"/> Military	
<input type="checkbox"/> Other (List)		

7.	What did you like most about your job?				
8.	What did you like least about your job?				
9.	Did you feel that the training you received prepared you for your job? If not, why not?				
10.	Did you feel you had adequate opportunity for promotion/advancement in Youth Services? If not, why not?				
11.	Did your supervisor give you adequate supervision and feedback? If no, how could it have been better?				
12.	Did you feel your contributions were recognized and appreciated by your supervisor and others in the agency? If not, how could they have been?				
13.	Did you feel you were treated fairly by your supervisor and others in the agency? If not, how were you treated unfairly?				
14.	Did you experience any inappropriate personal conduct or discriminatory treatment due to race, color, sex, religion, national origin, age or disability: No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, explain:				
15.	Was the work environment as you expected? If not, why?				
16.	What specifically is it about your new job (if you are going to another job) that makes it more attractive than this one?				
17.	What would you change if you decided to come back to work here?				
18.	What factor, if any, would influence you to continue employment with Youth Services?				
19.	Is there anything else you would like to mention or suggest for Youth Services to improve its workplace and retention of employees?				
20.	Please rate the following as either:	Excellent	Good	Fair	Poor
	a. Fringe Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. General Policies and Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Physical Working Conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. On-the-job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Cooperation within the department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. Explanation of job duties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	g. Feedback on performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	h. Communications between you and your supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	i. Work Schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signature of Interviewee:		Date:			
Signature of Interviewer:		Date:			

Additional sheets attached.

Thank you very much for your time. Your answers will be combined with others from separating employees and reviewed by upper management within Youth Services. We would now like you to complete a brief written survey so we can continue to identify specific issues and rate employee perceptions about their jobs with Youth Services. Your answers will be combined with those of other separating employees. The survey will also be used to assist us in improving our workplace.