

# City of DeFuniak Springs



## Optional: Exit Interview Questionnaire

Name:		Employment Date:
Location/Department:		Termination Date:
Position:		Supervisor:

### What prompted you to seek alternative employment?

<input type="checkbox"/> Type of Work	<input type="checkbox"/> Quality of Supervision
<input type="checkbox"/> Compensation	<input type="checkbox"/> Work Conditions
<input type="checkbox"/> Lack of Recognition	<input type="checkbox"/> Family Circumstances
<input type="checkbox"/> City Culture	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Career Advancement Opportunity	

**Please explain:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Before making your decision to leave, did you investigate other options that would enable you to stay?**  
 Yes  No If "yes", describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Did we portray your job accurately during the interview process?**  
 Yes  No If "no", describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### How would you describe your salary and employee benefits?

	Excellent	Good	Fair	Poor
Base Salary	<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"/>
Paid-time-off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HRA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Florida State Retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Almost always	Sometimes	Never
Demonstrated fair and equal treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Followed policies and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Almost always</b>	<b>Sometimes</b>	<b>Never</b>
Provided training to perform job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided recognition for work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developed cooperation and teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encouraged/listened to suggestions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Resolved complaints and problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**How would you rate the following in relation to your job?**

	Excellent	Good	Fair	Poor
Communication within your department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication within the municipality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication with your supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morale in your department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork in your department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training you received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Career Growth Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical working conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity for advancement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**What did you like most about your job and/or this municipality ?**

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**What did you like least about your job and/or this municipality?**

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**What does your new job offer that your job with this municipality does not?**

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**Would you recommend this municipality to a friend as a place to work?**

Yes, without reservations    Yes, with reservations    No

**Did your job meet or exceed your expectations?**

Yes, without reservations    Yes, with reservations    No

**Additional comments about your job or this municipality:**

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**ACKNOWLEDGMENT OF CORPORATE COMPLIANCE RESPONSIBILITIES**

I have no knowledge of any violation of the law or any corporate policies or standards of conduct by me or any other employees while I have been employed at this company.

Signature of Employee: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**If you would like someone to contact you to discuss anything in detail, please give us your name, telephone number and the best time to call.**

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