## **City of Duluth Exit Interview Questionnaire**

The primary goal of this questionnaire is to gather information that will enable us to identify any organizational problems so that we may continually improve our working environment. **All information obtained herein is strictly confidential.** To ensure confidentiality, names are intentionally omitted from the questionnaire. All questionnaire data will be compiled to create statistical reports. The Human Resources Manager reviews these reports with the Administrative Assistant and Department Heads to identify any trends and areas of the work environment that need improvement.

| Demographics – completed by HR and reviewed by employee                        |
|--|
|  |
| Gender: Male Female  |
| Ethnic origin: Caucasian African American Native American Hispanic Asian Other |
| Department: Division:  |
|  |
| Position:  |
| Type of labor contract:  |
| Start date: Termination date:  |
|  |
| Reasons for Leaving  |
| Resigning Retiring Terminated Layoff Other                                     |
| Comments:  |
| If resigning, why? Working Conditions  |
| Unfair treatment   |
| Unsafe work environment  |
| □ Other  |
| Personal Reasons   |
| Health concerns for self   |
| Health concerns for family   |
|  |
| Pregnancy  |
| Leaving area   |
| Transportation issues  |
| Child care   |
| Return to school   |
| Other  |

| Career Move  |                            |                            |                  |                    |  |
|--|----------------------------|----------------------------|------------------|--------------------|--|
| Lack of promotional opportu  | nity                       |                            |                  |                    |  |
| Salary   |                            |                            |                  |                    |  |
| Benefits   |                            |                            |                  |                    |  |
| Work not challenging enoug   | h                          |                            |                  |                    |  |
| □ Other  |                            |                            |                  |                    |  |
| If not retiring, would you cons<br>No  | ider re-employme           | nt with the City in the fu | iture?           | Yes                |  |
| Which aspect of your job prov  | ided the <i>most</i> sati  | isfaction?                 |                  |                    |  |
| Coworkers Supervisors<br>Recognition/Status Received   |                            | Working Conditions         | Pay and Benefits |                    |  |
| Which aspect of your job prov  | ided the <i>least</i> sati | sfaction?                  |                  |                    |  |
| Coworkers Supervisors<br>Recognition/Status Received   |                            | Working Conditions         | Pay and Benefits |                    |  |
| What do you feel would have i  | mproved your job           | ?                          |                  |                    |  |
|  |                            |                            |                  |                    |  |
|  |                            |                            |                  |                    |  |
| Was your job what you expect differ?   | ed it to be?               | Yes                        | No               | If not, how did it |  |
|  |                            |                            |                  |                    |  |
|  |                            |                            |                  |                    |  |
|  | <i>.</i>                   |                            |                  |                    |  |
| What was the greatest challen  | ge you faced in yo         | our position?              |                  |                    |  |
|  |                            |                            |                  |                    |  |
| Do you feel that the City imple  | ments its emplovr          | ment policies fairly and   | equitablv?       | Yes No             |  |
|  |                            |                            |                  |                    |  |
| Which, if any, policies or proc  | edures did you dis         | sagree with (provide exp   | planation)?      |                    |  |
|  |                            |                            |                  |                    |  |
|  |                            |                            |                  |                    |  |
|  |                            |                            |                  |                    |  |
| Did you feel you were well info  | ormed regarding t          | he City's policies and pr  | rocedures?       | Yes No             |  |
|  |                            |                            |                  |                    |  |
| If not, whv?   |                            |                            |                  |                    |  |
| ···· <b>,</b> ···· <b>,</b> ·  |                            |                            |                  |                    |  |
| Do you feel you have been discriminated against because of race, color, health, age, religion, sex, sexual orientation, or national origin, including hiring, firing, promotion, compensation and other terms, |                            |                            |                  |                    |  |
| privileges and conditions of e   | mployment?                 | Yes                        | No               |                    |  |

| Did you talk with someone about the problem? Yes                   | No            |
|--|---------------|
| After you talked with someone, what happened?                      |               |
|  |               |
|  |               |
| If you did not talk with anyong about it why not?                  |               |
| If you did not talk with anyone about it, why not?                 |               |
|  |               |
| 1 = Poor; 2 = Below Average; 3 = Average; 4 = Above Average;       | 5 = Excellent |
| Rate the following:  |               |
| Working Conditions   |               |
| Cooperation within your work group                                 |               |
| Cooperation with other departments                                 |               |
| Physical working conditions  |               |
| Job safety emphasis  |               |
| Adequacy of equipment  |               |
| Adequacy of training   |               |
| Communication within Division                                      |               |
| Communication within Department                                    |               |
| Communication regarding benefits and policies                      |               |
| Communication regarding general employee information               |               |
| Morale in your work group  |               |
| Morale in your division  |               |
| Workload   |               |
| Pay  |               |
| Benefits   |               |
|  |               |
| What benefits did you value the most?                              |               |
|  |               |
| What benefits did you value the least?                             |               |
|  |               |
| What benefit was not offered that you wish had been?               |               |
| Did you attend or utilize any of the following? Circle all that ap | ply.          |
| Training workshops   |               |
| Tuition reimbursement  |               |
| Affirmative action/Equal opportunity counseling                    |               |
| City Website   |               |
| The Bridge   |               |
| E-line   |               |

| What training would you recommend the City provide/sponsor for current and future employees? |                 |  |  |  |  |  |
|--|-----------------|--|--|--|--|--|
| Was there anything the City could have done to improve moral<br>Explain:                     |                 |  |  |  |  |  |
| Describe the <i>strengths</i> of your work group:  |                 |  |  |  |  |  |
| Describe the <i>weaknesses</i> of your work group:   |                 |  |  |  |  |  |
| Describe the <i>strengths</i> of your division:  |                 |  |  |  |  |  |
| Describe the <i>weaknesses</i> of your division:   |                 |  |  |  |  |  |
| If you were leading your division/department, what would you o                               | do differently? |  |  |  |  |  |
| 1 = Poor; 2 = Below Average; 3 = Average; 4 = Above Average; 5 = Excellent                   |                 |  |  |  |  |  |
| Rate your most recent supervisor:  |                 |  |  |  |  |  |
| Helps employee grow in their job   |                 |  |  |  |  |  |
| Demonstrates fair and equal treatment  |                 |  |  |  |  |  |
| Provides recognition for work done well  |                 |  |  |  |  |  |
| Develops cooperation in work group   |                 |  |  |  |  |  |
| Encouraged suggestions   |                 |  |  |  |  |  |
| Follows safety practices   |                 |  |  |  |  |  |
| Resolves questions and problems  |                 |  |  |  |  |  |
| Overall supervision qualities  |                 |  |  |  |  |  |
| Follows city policies and procedures   |                 |  |  |  |  |  |
| Provides adequate direction and assistance   |                 |  |  |  |  |  |
| Ability to provide support to enable you to do your job?                                     |                 |  |  |  |  |  |

| How frequently did you receive performance feedback?                                 |     |          |
|--|-----|----------|
| How frequently did you discuss your job expectations with your supervisor?           |     |          |
| Were the goals and targets of your job function clear throughout your employment?    | Yes | No       |
| Explain:   |     |          |
|  |     |          |
| Are there any changes to City employment practices that you would like to recommend? | Yes | No       |
| Please explain in detail below.  | 100 | 110      |
| What suggestions do you have for improving the work experience with the City?        |     |          |
| what suggestions do you have for improving the work experience with the City :       |     |          |
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| HR Use Only:   |     |          |
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| Form exit interview questionnaire 01   |     | 20040203 |