

Exit Survey (Please consider all questions.)

Division/Office: _____ Campus: _____

Position Title: _____ Length of Time in Position: _____

1. Which of the following influenced your decision to leave? (Please check all that apply.)

- | | | |
|---|--|--|
| <input type="checkbox"/> Better job opportunity | <input type="checkbox"/> Job dissatisfaction | <input type="checkbox"/> Salary |
| <input type="checkbox"/> Commute | <input type="checkbox"/> Lack of opportunity for advancement | <input type="checkbox"/> Supervisor |
| <input type="checkbox"/> Content of work | <input type="checkbox"/> Military service | <input type="checkbox"/> Work conditions |
| <input type="checkbox"/> Family circumstances | <input type="checkbox"/> Relocation | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Going to school | <input type="checkbox"/> Retirement | |

2. How would you rate the following in your job or office/division?

	Excellent	Good	Fair	Poor	No Opinion
Strive to provide excellent customer service					
Cooperation with other departments					
Relationships with fellow employees					
On-the-job training					
Professional development opportunities					
Equipment provided					
Physical working conditions					

3. How would you rate your supervisor on the following points?

	Almost Always	Usually	Sometimes	Never
Available and accessible to staff				
Provided (informal/formal) ongoing feedback				
Encouraged communication				
Demonstrated fair and equal treatment				
Consistently followed policies and procedures				
Resolved complaints, concerns, and problems				
Provided recognition				
Helpful, provided resources necessary to be successful in the position				

4. Would you recommend NOVA as a place of employment? ☐ Yes ☐ Maybe ☐ No

Please explain: _____

5. What did you like most about your job and office/division? _____

6. What did you like least about your job and office/division? _____

7. What does your new job offer that your position with NOVA does/did not? _____

8. In your new job, you will be working for:

- ☐ Federal government
- ☐ Local government
- ☐ Other _____
- ☐ State government
- ☐ Private industry
- (describe type, not name of firm)

9. Additional comments: _____

Thank you for your time. Your feedback is greatly appreciated.

Name (optional): _____ Date: _____