

Exit Questionnaire

EMPLOYEE

Name: _____

Work Location: High School Middle School Elementary School Central/Business Office
 Maintenance Department Other _____

Position: Certified Instructional Professional/Teacher Paraprofessional Maintenance
 Custodial Administrator Professional Support Other _____

Length of employment in the district: 1 year or less 2–4 years 5–9 years 10+ years

Reason for leaving: (check all that apply)

- Career change Return to school Retirement Working conditions
 Interpersonal conflicts Personal/family obligations Relocation/transfer of family member Other _____

Are you leaving to go to work in another district? Yes No

If you are leaving to work in another district, why did you choose that district?

(check all that apply)

- Pay increase Work schedule Working conditions Advancement opportunity
 Benefits Shorter commute Other _____

How would you rate your experience in our district?

	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Needs Improvement</i>
Working relationship with supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training and information provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplies and equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluation procedures	<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"/>
Supervisor support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall employment experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What did you like most about your job?

What did you like least about your job?

Do you have any suggestions for improvement?

Would you recommend the district to others as a good place to work?

- Yes No

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SUPERVISOR/PRINCIPAL

Employee Name	
Last Workday	
Campus/Department	
Position	

Forwarding Address	
Phone Number	

Reason for Leaving

- Resignation with notice without notice
- Retirement
- Dismissal/Termination
- Term Contract Nonrenewal/Probationary Contract Termination
- Other:

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Comments:

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Signature of Supervisor/Principal	
Date	

PLEASE GIVE COPY OF COMPLETED FORM (both sides) to EXITING EMPLOYEE

Scan and email a copy of completed form to Human Resource Services Department

Remember to use Plainview ISD Skyward Employee Access for end-of-year tax forms, etc.

Username: **firstname.lastname** (same as used when employed)

Password: **last 4 digits of your SSN**