

State of Nevada 2015 Employee Exit Interview Survey

Please provide the following information about the job you held:

1. Department/agency:

2. Organization/division:

3. Type of service: Classified Unclassified Non-classified Unsure

4. Which Occupational Group did your position fall within?

Agriculture & Conservation Clerical & Related Services Domestic Services Education

Engineering, Drafting, Environmental & Land Use Services Mechanical & Construction Trades

Fiscal or Information Management & Staff Services Administration & Agency Management

Social or Rehabilitation Services, Parole & Probation Medical, Health & Related Services

Sworn Law Enforcement Officers Regulatory & Public Safety Library & Archives Unknown

(Answering this question is not mandatory, but the information may be useful in identifying areas of concern.)

5. Position title:

6. City where employed:

7. Years of service:

8. What did you like most about your job and/or agency?

9. What did you like least about your job and/or agency?

10. How satisfied have you been with the following?

| By <u>checking</u> the appropriate box, please rate your satisfaction with each of the following regarding the position you left. | <i>Dissatisfied</i> <i>1</i> | <i>Somewhat Dissatisfied</i> <i>2</i> | <i>Somewhat Satisfied</i> <i>3</i> | <i>Satisfied</i> <i>4</i> | <i>Very Satisfied</i> <i>5</i> |
|---|---------------------------------|--|---------------------------------------|------------------------------|-----------------------------------|
| Communication between management and employees Additional Comments: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooperation and teamwork of co-workers Additional Comments: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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|---|---------------------------------|--|---------------------------------------|------------------------------|-----------------------------------|
|---|---------------------------------|--|---------------------------------------|------------------------------|-----------------------------------|

Overall satisfaction with direct supervisor
Additional Comments:

Overall satisfaction with management
Additional Comments:

Opportunities for advancement
Additional Comments:

Interest and challenge of work
Additional Comments:

Flexibility in work scheduling
Additional Comments:

Opportunities for training and development
Additional Comments:

Opportunities for recognition
Additional Comments:

| By <u>checking</u> the appropriate box, please rate your satisfaction with each of the following regarding the position you left. | <i>Dissatisfied</i> 1 | <i>Somewhat Dissatisfied</i> 2 | <i>Somewhat Satisfied</i> 3 | <i>Satisfied</i> 4 | <i>Very Satisfied</i> 5 |
|---|--------------------------|-----------------------------------|--------------------------------|-----------------------|----------------------------|
|---|--------------------------|-----------------------------------|--------------------------------|-----------------------|----------------------------|

Compensation

Additional Comments:

Health insurance benefits

Additional Comments:

Paid leave benefits

Additional Comments:

Retirement benefits

Additional Comments:

Working conditions

Additional Comments:

11. Were your duties and work performance standards clearly defined by your supervisor? YES NO

Additional Comments:

12. Did you know how and where to get the information needed to do your job? YES NO

Additional Comments:

13. Did you have the equipment necessary to do your job? YES NO

Additional Comments:

14. Please indicate which of the following applies to you:

- I am leaving State employment
- I am moving from one State agency to another State agency

15. Why did you leave your job? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Better benefits | <input type="checkbox"/> Pay |
| <input type="checkbox"/> Better job opportunity (private sector) | <input type="checkbox"/> Personal reasons |
| <input type="checkbox"/> Better job opportunity (public sector) | <input type="checkbox"/> Position eliminated |
| <input type="checkbox"/> Commute | <input type="checkbox"/> Position made part-time |
| <input type="checkbox"/> Conflict with supervisor | <input type="checkbox"/> Promotion |
| <input type="checkbox"/> Dissatisfaction with duties | <input type="checkbox"/> Relocation/Move |
| <input type="checkbox"/> Family reasons | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Health reasons | <input type="checkbox"/> Return to school |
| <input type="checkbox"/> Not challenged | <input type="checkbox"/> Work relationships |
| <input type="checkbox"/> Other, please specify_____ | |

16. If you are leaving State employment would you consider re-employment in State government in the future?

YES NO If not, please explain:

17. If you are moving to another State agency would you consider re-employment in this agency in the future?

YES NO If no, please explain:

18. What recommendations do you have for improving State employment?

19. What recommendations do you have for improving employment in the agency in which you worked?

20. Please provide any other information you feel is relevant.

21. If we could reach out to you regarding any of the information you listed in survey, please leave your contact information in this space such as your name, telephone number or email address and the best time to contact you.

Thank you for your participation in making the State of Nevada a better place to work!

Please return survey to your agency Human Resources Representative or;
E-mail to Michelle Garton at mgarton@admin.nv.gov or;
Send to: Division of Human Resource Management
c/o Consultation and Accountability Unit
100 N. Stewart Street, Suite 200
Carson City, NV 89701