

State of Nevada 2014 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 boxes, please rate your satisfaction with each of the following for 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>
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Communication between management and employees Additional Comments:	<input type="checkbox"/>				
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Cooperation and teamwork of co-workers Additional Comments:	<input type="checkbox"/>				
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By <u>checking</u> the appropriate boxes, please rate your satisfaction with each of the following for 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
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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 boxes, please rate your satisfaction with each of the following for 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
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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 (Please skip Question #19)
- I am moving from one State Agency to another State Agency (Please skip Questions #15 through #17)

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

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

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. What recommendations do you have for improving State employment?

18. 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:

19. Why did you transfer to another agency? (Check all that apply)

- Better job opportunity
- Commute
- Conflict with Supervisor
- Dissatisfaction with duties
- Health reasons
- Not challenged
- Other, please specify_____
- Position made part-time, desired full-time
- Position eliminated
- Promotion
- Relocation/Move
- Work relationships

20. Would you consider re-employment in this Agency in the future?

YES NO If not, please explain:

21. What recommendations do you have for improving employment in the Agency in which you worked?

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

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

Please return survey to your Agency Human Resources Department or send to:

Division of Human Resource Management

c/o Consultation and Accountability Unit

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Carson City, NV 89701