



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Division of Human Resource Management
100 N. Stewart Street, Suite 200 | Carson City, Nevada 89701
Phone: (775) 684-0150 | www.hr.nv.gov

MEMORANDUM
HR#05-15

January 13, 2015

TO: Department Directors
Division Administrators
Agency Personnel Liaisons
Agency Personnel Representatives

FROM: Lee-Ann Easton, Administrator *Lee-Ann Easton*
Division of Human Resource Management

SUBJECT: 2015 State of Nevada Employee Exit Survey

The Division of Human Resource Management believes that employees who choose to leave their jobs can provide valuable feedback to help improve the work environment. Employee turnover can result in negative consequences for State departments and agencies including costs related to increased recruitment, and training and indirect impacts such as lost productivity and lower morale. Through the online [2015 State of Nevada Employee Exit Interview Survey](#), the Division of Human Resource Management plans to continue to solicit anonymous comments and responses from employees that have voluntarily left State service or transferred to other State agencies. Results are provided to agency personnel liaisons on a quarterly basis. Listed below are guidelines to distribute the survey:

- Survey data will be collected entirely through an online survey tool. When employees tender their resignation or provide notice of their intent to move to another agency, the agency should provide the attached memo. The memo includes the online survey address for the employees to access the survey;
- As an alternative, an employee may take the [paper version](#) of the survey if they wish. An agency personnel representative can print a copy of the survey from the Division of Human Resource Management for the employee and collect the paper survey before forwarding it to the Division of Human

Resource Management so that the Division can enter the data online. The address to the Division is also listed on the survey if the employee would like to mail it directly.

- Surveys should be solicited from employees voluntarily leaving State service and employees moving from one State agency to another.

If you have any questions regarding the State of Nevada Employee Exit Survey, please contact Christine Ripley at (775) 684-0148 or cripley@admin.nv.gov.

Thank you for your participation and please let us know if you have additional suggestions for improving the Exit Survey Process.



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MEMORANDUM

TO: Nevada State Employee

FROM: Lee-Ann Easton, Administrator
Division of Human Resource Management

SUBJECT: 2015 CONFIDENTIAL EXIT INTERVIEW SURVEY

I would like to take a moment to thank you for your service to the State of Nevada. As you are now leaving State employment or moving to another State agency, I am requesting your participation in completing the online [Exit Interview Survey](#). The purpose of this survey is to evaluate the level of satisfaction you experienced while working for the State of Nevada and your agency. The survey asks specific questions pertaining to the agency you worked for as well as State employment in general.

Your identity is not linked to your survey responses. Your agency will only receive summary reports that compile responses from all employees leaving the agency.

The Division of Human Resource Management provides agencies with survey results on a quarterly basis. The survey information collected will be used by your agency's management to assess the quality of the work environment, identify training needs, assess overall satisfaction, make changes when appropriate, and assist department's specific challenges in their working areas.

Should you wish to fill out a paper copy of the survey instead, please contact a member of your agency personnel staff or by printing it using the following link [Exit Interview Survey Paper Version](#).

Again, thank you for your service and for helping make the State of Nevada an even better place to work.

LE:cr/tp

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"/>

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>
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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
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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
- 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 staff or send to:

Division of Human Resource Management

c/o Consultation and Accountability Unit

100 N. Stewart Street, Suite 200

Carson City, NV 89701