

State of Nevada

Employee Exit Interview Survey

Please provide the following information about the position 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?

<input type="checkbox"/> Agriculture & Conservation	<input type="checkbox"/> Mechanical & Construction Trades
<input type="checkbox"/> Clerical & Related Services	<input type="checkbox"/> Medical, Health & Related Services
<input type="checkbox"/> Domestic Services	<input type="checkbox"/> Regulatory & Public Safety
<input type="checkbox"/> Education	<input type="checkbox"/> Social or Rehabilitation Services, Parole & Probation
<input type="checkbox"/> Engineering, Drafting, Environmental & Land Use Services	<input type="checkbox"/> Sworn Law Enforcement
<input type="checkbox"/> Fiscal or Information Management & Staff Services	<input type="checkbox"/> Administration & Agency Management
<input type="checkbox"/> Library & Archives	<input type="checkbox"/> Unknown
5. Position title: (This question is not mandatory, however the information may be of use in identifying areas of concern.)
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?

	Dissatisfied	Somewhat Dissatisfied	Somewhat Satisfied	Satisfied	Very Satisfied
Communication between management and employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Comment:					
Cooperation and teamwork of co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Comment:					
Overall satisfaction with direct supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Comment:					
Overall satisfaction with management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Comment:					
Opportunities for advancement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Comment:					
Interest and challenge of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Comment:					
Flexibility in work scheduling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Comment:					

Dissatisfied	Somewhat Dissatisfied	Somewhat Satisfied	Satisfied	Very Satisfied
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Opportunities for training and development

☐
☐
☐
☐
☐

Additional Comment:

Opportunities for recognition

☐
☐
☐
☐
☐

Additional Comment:

Compensation

☐
☐
☐
☐
☐

Additional Comment:

Health insurance benefits

☐
☐
☐
☐
☐

Additional Comment:

Paid leave benefits

☐
☐
☐
☐
☐

Additional Comment:

Retirement benefits

☐
☐
☐
☐
☐

Additional Comment:

Working conditions

☐
☐
☐
☐
☐

Additional Comment:

11. Were your duties and work performance standards clearly defined by your supervisor?

☐ Yes ☐ No

Additional Comment:

12. Did you know how and where to get the information needed to do your job?

☐ Yes ☐ No

Additional Comment:

13. Did you have the equipment necessary to do your job?

☐ Yes ☐ No

Additional Comment:

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)

☐ Better benefits

☐ Position made part-time

☐ Pay

☐ Conflict with supervisor

☐ Better job opportunity (private sector)

☐ Promotion

☐ Better job opportunity (public sector)

☐ Dissatisfaction with duties

☐ Personal reasons

☐ Relocation/Move

☐ Position eliminated

☐ Family reasons

☐ Commute

☐ Retirement

☐ Health reasons

☐ Return to school

☐ Work relationships

☐ Not challenged

☐ Other: _____

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 not, 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 provided in this survey, please leave contact information such as your name, telephone number and/or email address with the best time to reach you.

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

This survey may be emailed to:
Your agency Human Resources Representative; or
The Division of Human Resource Management at: nora.johnson@admin.nv.gov

This survey may be mailed to:
Division of Human Resource Management
c/o Consultation and Accountability Unit
100 North Stewart Street, Suite 200
Carson City, NV 89701