

**SOUTH TEXAS COLLEGE
EXIT INTERVIEW**

Name:	SSN:
Title:	Department:
Employment Date:	Termination Date:

Please respond to the following questions.

1. What is the most important reason for your leaving?

2. If you have secured another job, how does it compare with your last job here?

3. What did you like about your job at STC?

4. What did you dislike about your job at STC?

5. How do you feel your job performance compared to that of your co-workers?

6. Would you recommend STC to a friend as a good place to work?

7. What constructive comments do you have for management in regard to making STC a better place to work?

8. When you were first employed, were your duties and responsibilities clearly explained to you?

9. Were work conditions such as salary, benefits, and hours of work clearly explained to you?

10. Were you told who would be your immediate supervisor, the one person whom you would report to and from whom you would receive instructions?

11. What best describes your workload. Too Great About Right Too Light

12. When you had a suggestion about doing your work, could you discuss it easily with your supervisor?

13. When you needed information about your job, were you informed or were the answers accessible?

14. How do you feel about your rate of pay and the employee benefits provided by STC?

(Please check one for each benefit)

<u>BENEFIT</u>	<u>EXCELLENT</u>	<u>GOOD</u>	<u>FAIR</u>	<u>POOR</u>
Rate of pay for your job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paid holidays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paid vacations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paid sick leave plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retirement Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employee Signature

Date