An exit survey aims to gather information system-wide about employees who are leaving. We'd like to know why employees are leaving, where they are going, and what could have been done to keep them. This information will be used for statistical purposes and all responses will be kept confidential within the Director for Human Resources office. You may also complete an Exit Survey through the North Dakota University System. <https://ndus.co1.qualtrics.com/jfe/form/SV_3ksDIGksvmCuWto>

*Please Print*

Employee Name:

Position/Job Title:

Date Survey Completed:

1) Job Family: 2) Ending Salary:

1. Department: Supervisor:
2. Number of years employed by DCB:

# Reasons for Leaving:

To what extent did the following factors influence your decision to leave your present position?

Personal

*Greatly Influenced Did not Influenced decision influence Not*

*decision somewhat decision applicable*

|  |  |
| --- | --- |
| 5) Desire for career change | ( ) ( ) ( ) ( ) |
| 6) Spouse found another position | ( ) ( ) ( ) ( ) |
| 7) To pursue further education | ( ) ( ) ( ) ( ) |
| 8) Home/Family responsibilities | ( ) ( ) ( ) ( ) |
| 9) Poor health/disability | ( ) ( ) ( ) ( ) |
| Compensation |  |
| 10) Salary | ( ) ( ) ( ) ( ) |
| 11) Fringe benefits | ( ) ( ) ( ) ( ) |
| Job/Career-related |  |
| 12) Workload | ( ) ( ) ( ) ( ) |
| 13) Training/Development | ( ) ( ) ( ) ( ) |
| 14) Opportunity for advancement | ( ) ( ) ( ) ( ) |
| 15) Equipment | ( ) ( ) ( ) ( ) |
| 16) Facilities | ( ) ( ) ( ) ( ) |
| 17) Library resources | ( ) ( ) ( ) ( ) |
| 18) Funding | ( ) ( ) ( ) ( ) |
| 19) Other | ( ) ( ) ( ) ( ) |

# Immediate Employment Plans

1. Have you found another position/job? ( ) Yes ( ) No (go to "Comments"

section)

1. If YES, what is your new position and with what institution or company will you be working?
	1. New position:
	2. Employer or institution:
	3. City: d) State:
2. Comparing your current position with your new position how would you describe the change in responsibility?
	1. ( ) More b) ( ) Similar c) ( ) Less
3. Will you be receiving an increase, decrease, or no change in your annual salary?
	1. ( ) Increase b) ( ) Decrease c) ( ) No change
4. If there will be a change in your salary, what is the resulting annual increase or decrease?

|  |  |  |
| --- | --- | --- |
| a) ( ) $1 - $2,000 | c) ( ) $4,001 - $6,000 | e) ( ) $8,001 - $10,000 |
| b) ( ) $2,001 - $4000 | d) ( ) $6,001 - $8,000 | f) ( ) over $10,000 |

How do the benefits of your new position compare with those you are currently receiving?

Worse Comparable Better

|  |  |
| --- | --- |
| 25) Benefits | ( ) ( ) ( ) |
| 26) Annual leave | ( ) ( ) ( ) |
| 27) Sick leave | ( ) ( ) ( ) |
| 28) Retirement plan | ( ) ( ) ( ) |
| 29) Medical coverage for self | ( ) ( ) ( ) |
| 30) Medical coverage for dependents | ( ) ( ) ( ) |
| 31) Life insurance | ( ) ( ) ( ) |
| 32) Disability Insurance | ( ) ( ) ( ) |
| 33) Dental Plan | ( ) ( ) ( ) |
| 34) Vision Plan | ( ) ( ) ( ) |
| 35) Tuition waiver | ( ) ( ) ( ) |

***Comments*** What could have been done to prevent you from leaving?

Please return this form to the Director for Human Resources. Thank you for your time and comments.