

City of Johnson City, Tennessee  
**Exit Questionnaire Form**

The City of Johnson City is genuinely concerned with continuing to improve the work culture. To do this, we would appreciate you taking the time to share your candid assessment and thoughts about your experience here with us by completing and returning the following questionnaire to Human Resources.

**I. Demographics**

Name: \_\_\_\_\_ Department/Division: \_\_\_\_\_

Title: \_\_\_\_\_ Years of Service with the City: \_\_\_\_\_

**II. Degree of Satisfaction**

|                   |              |                                       |           |                |
|-------------------|--------------|---------------------------------------|-----------|----------------|
| 1                 | 2            | 3                                     | 4         | 5              |
| Very Dissatisfied | Dissatisfied | Neither Satisfied<br>Nor Dissatisfied | Satisfied | Very Satisfied |

Please enter the number which best expresses how satisfied you felt with:

- \_\_\_\_\_ Your salary or pay rate
- \_\_\_\_\_ Your benefits (Insurance Plans, Leave, Retirement, etc.)
- \_\_\_\_\_ Your workload
- \_\_\_\_\_ Your orientation received in the department
- \_\_\_\_\_ Your training received in the department
- \_\_\_\_\_ Your opportunities for advancement
- \_\_\_\_\_ The communication between you and your supervisor
- \_\_\_\_\_ The amount of feedback you received from your supervisor between performance reviews
- \_\_\_\_\_ Your supervisor's fair and consistent treatment of the department's employees
- \_\_\_\_\_ Your supervisor's ability to handle and resolve complaints fairly
- \_\_\_\_\_ Your supervisor's ability to provide recognition on the job
- \_\_\_\_\_ Your supervisor's willingness to admit and correct mistakes
- \_\_\_\_\_ Your supervisor's competence to perform their job
- \_\_\_\_\_ Your general working conditions on the job
- \_\_\_\_\_ Your sense of teamwork with co-workers
- \_\_\_\_\_ The cooperation you received from other employees
- \_\_\_\_\_ The safety equipment and resources you need to do your job
- \_\_\_\_\_ The service provided by Human Resources

Given the opportunity, would you return to work at the City? Yes \_\_\_\_\_ No \_\_\_\_\_

Given the opportunity, would you return to the same department? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### III. Reason for Leaving

Please rank in order of importance your five most significant reasons for leaving:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Dissatisfied with the job | <input type="checkbox"/> Lack of recognition          | <input type="checkbox"/> Greater responsibility   |
| <input type="checkbox"/> Disliked co-workers       | <input type="checkbox"/> Illness in family            | <input type="checkbox"/> Advancement opportunity  |
| <input type="checkbox"/> Better benefits           | <input type="checkbox"/> Return to school             | <input type="checkbox"/> Higher salary            |
| <input type="checkbox"/> Unfair treatment          | <input type="checkbox"/> Personal reasons             | <input type="checkbox"/> Inadequate training      |
| <input type="checkbox"/> Moving                    | <input type="checkbox"/> Position eliminated          | <input type="checkbox"/> Too much pressure on job |
| <input type="checkbox"/> Spouse transferred        | <input type="checkbox"/> Marriage                     | <input type="checkbox"/> Job was misrepresented   |
| <input type="checkbox"/> Full time work            | <input type="checkbox"/> Career change                | <input type="checkbox"/> Retired                  |
| <input type="checkbox"/> Self-employed             | <input type="checkbox"/> Dissatisfied with supervisor |   |

Did you observe or aware of Ethics and Code of Conduct violations? Yes  No   
If yes, explain: \_\_\_\_\_

\_\_\_\_\_

What could have prevented you from leaving? \_\_\_\_\_

\_\_\_\_\_

What did you like MOST about your position? \_\_\_\_\_

\_\_\_\_\_

What did you like LEAST about your position? \_\_\_\_\_

\_\_\_\_\_

What three (3) suggestions would you offer to improve the City of Johnson City as a work place?

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

Please leave a phone number for Human Resources to contact you to schedule an exit interview.  
Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_ Best time to call: \_\_\_\_ a.m. \_\_\_\_ p.m.