



COMMISSION ON AUDIT
Quezon City

EXIT SURVEY/INTERVIEW FORM

_____ Date

OBJECTIVE: The idea of this survey is to ascertain and identify the problems and/or factor which caused the particular employee to avail of optional retirement/resign from the Commission or transfer to another government agency. The responses shall be collated and analyzed to guide us in our policies and efforts in further improving working conditions in COA. Complete, truthful and frank comments from the employee and immediate supervisor concerned are welcome. Constructive criticism is encouraged.

A. Employee's Profile

Name (please print)	Age	Position	Salary	No. of times promoted
Administrative charges, if any		Penalty, if any		
Mode of Separation/Date <input type="checkbox"/> Resignation _____ <input type="checkbox"/> Optional Retirement _____ <input type="checkbox"/> Transfer _____	Date of entry in COA	No. of years/months in COA	No. of years/months in gov't. service outside COA (indicate agencies & years/months in service)	

B. Employee's Information Relevant to Separation from COA

Place an X mark in the appropriate boxes.
Remarks portion (Item 7) may be filled up for elaboration/comments/other information.

1. SALARY <input type="checkbox"/> Sufficient <input type="checkbox"/> Low <input type="checkbox"/> Very Low	2. DESIGNATION/POSITION Irrelevant to <input type="checkbox"/> Education <input type="checkbox"/> Work Experience <input type="checkbox"/> Training	3. PLACE OF WORK <input type="checkbox"/> Within convenient traveling distance from home <input type="checkbox"/> Far from home <input type="checkbox"/> Too far from home
4. VOLUME OF WORK <input type="checkbox"/> Overloaded <input type="checkbox"/> Moderate <input type="checkbox"/> Light	5. NATURE OF WORK <input type="checkbox"/> Challenging <input type="checkbox"/> Other _____ <input type="checkbox"/> Unchallenging <input type="checkbox"/> Tedious <input type="checkbox"/> Not related to education/course	
6. REASONS FOR OPTIONAL RETIREMENT/RESIGNATION/TRANSFER <input type="checkbox"/> Health <input type="checkbox"/> Migration <input type="checkbox"/> Higher Pay/Benefits from other Employer <input type="checkbox"/> Low morale due to: <input type="checkbox"/> Economic Dislocation Explain: _____ <input type="checkbox"/> Boredom Explain: _____ <input type="checkbox"/> Disappointment Explain: _____ <input type="checkbox"/> Lack of motivation Explain: _____ <input type="checkbox"/> Lack of recognition of work Explain: _____ <input type="checkbox"/> Other(s), please specify _____ _____		

7. RESPONDENT'S REMARKS:

(Signature over printed name)

C. Supervisor's Evaluation/Comments

To be accomplished by the Respondent's Immediate Supervisor:

1. RESPONDENT'S INTERPERSONAL RELATIONSHIP IN THE ENTIRE UNIT/OFFICE

- | | | |
|---|--|---|
| <input type="checkbox"/> Honest/Morally upright | <input type="checkbox"/> Feels intrigued | <input type="checkbox"/> Other(s) _____ |
| <input type="checkbox"/> Wholesome | <input type="checkbox"/> Impersonal | _____ |
| <input type="checkbox"/> Lacks teamwork/cooperation | <input type="checkbox"/> Apathetic | |
| <input type="checkbox"/> Lacks interest among employees | <input type="checkbox"/> Unapproachable | |
| <input type="checkbox"/> Hostile | <input type="checkbox"/> Incompetent | |

2. IMMEDIATE SUPERVISOR'S REMARKS:

(Immediate Supervisor's name in
print and signature)