



WSSU

EXIT INTERVIEW QUESTIONNAIRE SHRA, EHRA Professionals & EHRA Faculty

We are interested in identifying opportunities to improve the work environment at WSSU. Please respond to each of the following questions with honesty and candor. Monthly questionnaires are forwarded to the appropriate Dean's or Vice Chancellor's office to determine factors that contribute to turnover. Your feedback is greatly appreciated.

1. Name _____ Date _____

2. Department _____

3. College/Division _____

4. Current Rank/Title _____

Full-time Part-time EHRA SHRA

5. Date of Separation ____/____/____ 5a. WSSU Length of Service ____ Years ____ Months

6. Gender Female Male

7. Race White Black Asian/Pacific Islander Hispanic American Indian/Alaskan Native
 Other _____

8. EHRA Classification, if applicable: Administrator EHRA Professional
 Tenured/Tenure Track Faculty Non-Tenure Track Faculty

9. Which factors attracted you to WSSU: (circle all that apply)

- A. Interesting position
 - B. Opportunities for training, advancement, career growth
 - C. Academic environment
 - D. Pay
- Other _____

10. What did you enjoy most about your job at WSSU: (circle all that apply)

- A. Pay
 - B. Communications
 - C. Coworkers
 - D. Convenient location
 - E. Benefits
 - F. Meaningful work
 - G. Quality of supervision
 - H. Training/educational opportunities
 - I. Opportunities for advancement
 - J. Recognition of work
 - K. Work environment
 - L. Parking
- Other _____

11. What did you enjoy least about your job at WSSU: (circle all that apply)

- A. Pay
 - B. Communications
 - C. Coworkers
 - D. Convenient location
 - E. Benefits
 - F. Meaningful work
 - G. Quality of supervision
 - H. Training/educational opportunities
 - I. Opportunities for advancement
 - J. Recognition of work
 - K. Work environment
 - L. Parking
- Other _____

12. Primary reasons for leaving WSSU: (circle all that apply)

- | | | |
|--|-------------------------------|---------------------------------|
| A. Change in career | G. Family or personal needs | M. Retirement |
| B. Health issues | H. Moving from area | N. Pay dissatisfaction |
| C. Lack of recognition for work | I. Work environment | O. Quality of supervision |
| D. Lack of advancement opportunities | J. To further education | P. Workload or work hours |
| E. Laid off (RIF) | K. Discontinuation of funding | Q. Anticipated/Denial of tenure |
| F. Non-renewal of contract or position | L. Benefits dissatisfaction | |

Other _____

13. Which one factor was most important in your decision to leave? Please select only one.

14. Would you recommend employment in your department or at WSSU to a friend or colleague?

Yes No Please explain. _____

15. . What most helped you achieve your goals at WSSU?

16. What was least helpful to you?

17. What constructive suggestions do you have for improving employment at WSSU?

18. Future Employer

- | | |
|--|--|
| A. Private employment (e.g., business, industry) | C. Government – <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Federal |
| B. Self employment | D. Other University/College _____ |
| Which College/University? _____ | Other _____ |
| _____ | |

19. What makes your future employer/position more attractive than your current position?

20. Have you completed the Separation Clearance Checklist and the Asset Tracking Form available on the Human Resources website?

Yes No Comments _____

21. Any further comments you would like to add...

Employee Signature _____ Date _____

Please complete the attached supplement specific to your classification. If SHRA or EHRA professional, please bring or mail this completed to WSSU Office of Human Resources 103 Eller Hall, Winston-Salem, NC 27110. Call (336) 750-2830 with questions.

If EPA faculty, please bring or mail this completed form to the Office of Faculty Affairs, 102 Blair Hall, Winston-Salem, NC 27110. Call (336) 750-3090 with questions.

Thank you for your employment at Winston-Salem State University and for completing this survey.

Exit Interview Questionnaire - Supplement

FOR SHRA EMPLOYEES ONLY:

Were the following components of the Employee Performance Management Program administered?

Yes	Undecided or N/A	No	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I had a work plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I received a 6-month performance appraisal at the end of my probationary period.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I had an interim appraisal at mid-year.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I had a final appraisal at year end (May/June).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I received a transfer appraisal (if transferring to another department/agency).

FOR EHRA EMPLOYEES ONLY:

Yes	Undecided or N/A	No	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I had scheduled annual reviews with my supervisor or department head.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I received a written review summary annually from my supervisor.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am an Assistant/Associate Professor and received formal, written evaluations of my activities and performance each academic year.

Employee Signature _____

Date _____