

EMPLOYEE EXIT INTERVIEW REPORT (CONFIDENTIAL)

Personal Information		
Name (optional):	Classification:	
Division:	Organizational Unit:	
Length of Service:	Civil Services Status:	
Work Phone:	Home:	Email:
Separation Date:	Type of Separation:	
I choose to waive my anonymity. * <input type="checkbox"/> Yes <input type="checkbox"/> No	*Selecting 'yes' authorizes OWE to share your name with the hiring authority. Selecting 'no' means that OWE will not share your name with anyone.	

1. If transferring to another department, please list: (State Dept.) _____
2. If you are leaving for other employment, where are you going?
 Public Agency Private Company Self-Employment/Consultant
 Employer name _____
3. If you are leaving for employment outside DWR, will you be:
 Performing comparable work: Yes No. Making a career change: Yes No
4. Primary reason(s) for leaving (check all boxes that apply):

Personal	Professional
<input type="checkbox"/> More Personal Time	<input type="checkbox"/> Change in Working Conditions
<input type="checkbox"/> Family Circumstances (Child care/Maternity/Eldercare)	<input type="checkbox"/> Quality of Management/Supervision
<input type="checkbox"/> Transportation Problems	<input type="checkbox"/> Career Change
<input type="checkbox"/> Parking	<input type="checkbox"/> Career Advancement
<input type="checkbox"/> Moving	<input type="checkbox"/> Part-Time Employment
<input type="checkbox"/> Health/Medical (self-resignations only)	<input type="checkbox"/> Self-employment
<input type="checkbox"/> Education/Returning to School	<input type="checkbox"/> Better Opportunity to Advance
<input type="checkbox"/> Conflict with Supervisor	<input type="checkbox"/> Broader range of Duties
<input type="checkbox"/> Conflict with Co-workers	<input type="checkbox"/> Better Training/Development Opportunities
<input type="checkbox"/> Incompatible Work Schedule	<input type="checkbox"/> Adverse Action
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

5. What did you like most about working for DWR, your division or organization unit?

6. What did you like least about working for DWR, your division or organization unit?

7. What could DWR, your division or organization unit have done to retain your services?

8. Would you consider working for DWR, your division or organization unit again? Yes No

How would you rate the communication in relation to your job?	Excellent		Good		Fair		Poor	
<input type="checkbox"/> Within your division/management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> With other divisions/units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> With your supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Among your co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> With the public/customers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How would you rate your working conditions?	Excellent		Good		Fair		Poor	
<input type="checkbox"/> Work space/furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Office/building facility conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Workload	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How would you rate your Supervisor and Manager on the following:	Excellent		Good		Fair		Poor	
	Sup	Mgr	Sup	Mgr	Sup	Mgr	Sup	Mgr
<input type="checkbox"/> Provided timely and effective performance evaluations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Provided clear directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Administered and followed policies and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Demonstrated fair and equitable treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Encouraged and listened to suggestions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Set clear expectations and standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Resolved complaints and problems appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Acknowledged and recognized employee performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Developed cooperation and team work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Planned and scheduled work assignments effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Provided opportunities for training/development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Provided opportunities for advancement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office of Workforce Equality and Demographic Information:								
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male			Age Group:			Disability:		
Race/Ethnic Group:				Are you aware of DWR procedures and resources available to remedy allegations of discrimination? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Discrimination experienced at DWR:								
Any other comments or information regarding OWE (attach a separate paper or email if needed):								
INTERVIEWED BY					INTERVIEW DATE			