



Texas City Independent School District
 1700 9th Avenue North, Texas City, TX 77590
EMPLOYEE EXIT QUESTIONNAIRE

You are invited to complete this Exit Questionnaire and return via mail at the above address or in person to the Human Resources Department. Information obtained from the Exit Questionnaire is used to determine how TCISD can better serve employees. Your input will remain anonymous.

Name: _____ **Date:** _____

New Address: _____ **Phone:** _____

Position: _____ **Campus/Dept:** _____

Supervisor: _____ **Employed from:** _____ **to:** _____

Have all keys and ID Badge been turned in?

Yes No If no, please give date of planned return _____

Has all property, belonging to TCISD been returned?

Yes No If no, please give date of planned return _____

Has COBRA insurance coverage been explained to you by TCISD Benefits Department?

Yes No I do not need COBRA

Length of employment in the district

Less than 1 year 1–4 years 5–9 years More than 10 years

Reason for leaving (check all that apply)

- Better opportunity
- Dissatisfaction with co-workers
- Dissatisfaction with supervisor
- Lack of recognition
- Better compensation
- Health or family circumstances
- Relocation
- Working conditions
- Career change
- Return to school
- Retirement
- Other _____

Are you leaving to go to work for another district? Yes No

If you are leaving to work at another district, why did you choose that district?

- Advancement opportunity
- Pay
- The commute
- Not applicable
- Working conditions
- Benefits
- Work schedule
- Other _____

How would you rate your supervisor in regard to the following?

	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Needs Improvement</i>
Treated employees fairly and equally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided recognition on the job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developed cooperation and teamwork	<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"/>
Resolved complaints and problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Followed policies and practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How would you rate your experience in the district in regard to the following?

	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Needs Improvement</i>
Cooperation within your campus or department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation between campuses or departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication within your department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication within the district as a whole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication between you and your supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morale at your campus or in your department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training and information to do your job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplies and equipment provided to do your job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My workload was:

- Too much About right Too light

What did you like most about your job? (add page if necessary)

What did you like least about your job? (add page if necessary)

Do you have any suggestions for improvement? (add page if necessary)

Would you return to work for the district?

- Yes, without reservation Yes, under different circumstances Not at all

Would you recommend the district to others as a place to work?

- Yes Yes, with reservations No

Employee Signature: _____ **Date:** _____