



EXIT QUESTIONNAIRE

Instructions: This questionnaire will be provided to all employees at the time of their separation from the Department whether voluntary or involuntary. The completion of this Questionnaire shall be at the employee's option.

Name: _____ Age: _____ Disability: Yes No (Check One)

Race: _____ Sex: Male Female (Check One) Phone Number: _____

Address: _____ Home/Personal E-mail: _____

* Home/Personal E-mail is the preferred method of communication.

Position Title: _____ Employment Date: _____ Separation Date: _____

Division: _____

Work Location (Facility/Local Office): _____

Starting Salary: _____ Current Salary: _____

1. Reason for leaving: Retiring Voluntary Termination Agency Termination/Discharge
 Layoff Continuing Education Other (please explain)

If "other" explain here:

2. If you have a new job, is it paying more money? Yes No N/A

3. What kind of work will you be doing? _____

4. Would you want to work here again? Yes No

Explain: _____

5. Would you work in the same position? Yes No

Explain: _____

6. Who was your immediate supervisor? _____

7. Would you work for the same supervisor? Yes No

Explain: _____

8. Were you satisfied with the supervision? Yes No

Explain: _____



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9. Do you think management adequately recognized employee contributions? If not, what recommendations would you make to improve this?

10. Do you have any suggestions for improving employee morale?

11. Do you feel the working conditions were satisfactory? Yes No

Explain: _____

12. Were you satisfied with the pay you received for the work performed? Yes No

Explain: _____

13. Were you provided opportunities for promotions? Yes No

Explain: _____

14. Were you provided opportunities for training? Yes No

Explain: _____

15. Did you receive any equal employment opportunity/affirmative action orientation? Yes No

Explain: _____

16. Did you personally experience any discrimination while working in your position? Yes No

Explain: _____

17. Are you aware of instances where others have been discriminated against? Yes No

Explain: _____

18. If you have answered "Yes" to the last two questions, have you discussed or given written notice of this discrimination to your supervisor or EEO Officer? Yes No

Explain: _____

Additional Comments:

Employee Signature: _____ Date: _____

Please send form to DHS.ExitQuestionnaire@illinois.gov. If unable to complete and send the form electronically, send to IDHS - BCA, 100 S. Grand Avenue East, 3rd Floor, Springfield, IL 62762. NOTE: sending via DHS.ExitQuestionnaire@illinois.gov is the preferred method of dissemination.