

Minot State University

Exit Survey Form

The purpose of this form is to gather information System-wide about employees who are leaving voluntarily. We'd like to know why employees are leaving, where they are going, and what could have been done to keep them. This information will be used for statistical purposes and all responses will be kept confidential within the office of the Director for Human Resources.

Please Print

Employee Name: _____

Position/Job Title: _____

Date Survey Completed: _____

1) Job Family: _____ 2) Ending Salary: _____

3) Department: _____ Supervisor: _____

4) Number of years employed by MSU: _____

Reasons for Leaving:

To what extent did the following factors influence your decision to leave your present position?

	<i>Greatly Influenced <u>decision</u></i>	<i>Influenced decision <u>somewhat</u></i>	<i>Did not influence <u>decision</u></i>	<i>Not <u>applicable</u></i>
<u>Personal</u>				
5) Desire for career change	()	()	()	()
6) Spouse found another position	()	()	()	()
7) To pursue further education	()	()	()	()
8) Home/Family responsibilities	()	()	()	()
9) Poor health/disability	()	()	()	()
<u>Compensation</u>				
10) Salary	()	()	()	()
11) Fringe benefits	()	()	()	()
<u>Job/Career-related</u>				
12) Work load	()	()	()	()
13) Training/Development	()	()	()	()
14) Opportunity for advancement	()	()	()	()
15) Equipment	()	()	()	()
16) Facilities	()	()	()	()
17) Library resources	()	()	()	()
18) Funding	()	()	()	()
19) Other	()	()	()	()

Immediate Employment Plans

20) Have you found another position/job? () Yes () No (go to "Comments" section)

21) If YES, what is your new position and with what institution or company will you be working?

a) New position: _____

b) Employer or institution: _____

c) City: _____

d) State: _____

22) Comparing your current position with your new position how would you describe the change in responsibility?

a) () More

b) () Similar

c) () Less

23) Will you be receiving an increase, decrease, or no change in your annual salary?

a) () Increase

b) () Decrease

c) () No change

24) If there will be a change in your salary, what is the resulting annual increase or decrease?

a) () \$1 - \$2,000

c) () \$4,001 - \$6,000

e) () \$8,001 - \$10,000

b) () \$2,001 - \$4000

d) () \$6,001 - \$8,000

f) () over \$10,000

How do the benefits of your new position compare with those you are currently receiving?

	<u>Worse</u>	<u>Comparable</u>	<u>Better</u>
25) Benefits	()	()	()
26) Annual leave	()	()	()
27) Sick leave	()	()	()
28) Retirement plan	()	()	()
29) Medical coverage for self	()	()	()
30) Medical coverage for dependents	()	()	()
31) Life insurance	()	()	()
32) Disability Insurance	()	()	()
33) Dental Plan	()	()	()
34) Vision Plan	()	()	()
35) Tuition waiver	()	()	()

Comments

What could have been done to prevent you from leaving?

Please return this form to the Director for Human Resources. Thank you for your time and comments.