Policy: To improve agency operations by gaining open feedback from staff at the time of their departure from the agency.

Purpose: To provide a safe environment and mechanisms for open feedback to occur and for agencies to review and consider changes in the way it operates.

Procedure:

I. Agency representatives must submit the Exit Survey (Attached) and postage paid pre-addressed envelope to the departing employee no later than the last scheduled working day with the agency. The Division office will provide agencies with the postage paid pre-addressed envelopes as needed.

II. Agencies are encouraged to develop and perform Exit Interviews in addition to the written exit survey.

III. The Division office will provide agencies with original hard copies of the Exit Interview form after data entry has been completed. MHDS division will provide summary reports every 6 months or upon request for utilization by the agency to improve the organization climate.

IV. Each agency shall formulate policies and procedures to implement the provisions in this policy or shall incorporate this policy into its policy and procedure manual.

Administrator

Attachment – Exit Survey

Effective Date: 11/1/97
Date Revised: 5/15/92; 6/29/07
Date Approved by MH Commission:

DIVISION OF MENTAL HEALTH AND DEVELOPMENTAL SERVICES

EXIT INFORMATION REQUEST

We are interested in your experience with our agency. Please complete the information below and return to the agency personnel office.

Employee Name/Title	Agency Employed With	Unit	Supervisor

General Information

1. What were your primary duties?
2. What did you like best about your job?
3. What did you dislike about your job?

Supervision

1. Were the responsibilities of the position and expectations of performance fully explained to you:
2. How well did your supervisor handle problems brought to his/her attention?
3. Was your supervisor receptive to suggestions from you?
4. How was your supervisor in areas of: a. Availability b. Job knowledge c. Interest in client/staff d. Assigning daily tasks

C. Training/Orientation

1. Did you receive adequate training/orientation to perform your job?
2. Were personnel issues fully explained (i.e., policy on pay, promotions, fringe benefits, leave, etc.)?
3. What additional training would you need to do a better job?

D. Financial

1. How did you feel about the pay you received for the work performed?
2. How did you feel about promotional opportunities within this agency/Division?

E. Reason for Leaving

1. How could working conditions be improved?
2. Why did you leave this agency?
3. Would you consider staying under different circumstances? (Explain)
4. If you could tell the administrator of this agency exactly how you feel about the way it is run, what would you tell him/her?

F. Comments

G. May we share this information with your supervisor? _____Yes _____No

_____

Signature (optional)