

# OKLAHOMA BAPTIST UNIVERSITY

Office of Human Resources

## EXIT QUESTIONNAIRE

*Your experiences as an employee of Oklahoma Baptist University can provide us with valuable information for recruiting and retaining employees. Completing this survey is voluntary. Your responses are confidential; survey results are reported annually and only in the aggregate.*

Name (Optional):		Department:			
Title:		Supervisor:			
Time in current position:		Employment Dates:	From:	To:	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male					
Race or ethnicity: <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Other					
Please check your reason(s) for leaving your position at OBU:					
<input type="checkbox"/> Career opportunity	<input type="checkbox"/> Supervision	<input type="checkbox"/> Family Circumstances	<input type="checkbox"/> Self-employment		
<input type="checkbox"/> Working conditions	<input type="checkbox"/> Commuting distance	<input type="checkbox"/> Health/Medical	<input type="checkbox"/> Relocating		
<input type="checkbox"/> Retirement	<input type="checkbox"/> Dismissal	<input type="checkbox"/> Discrimination	<input type="checkbox"/> Harassment		
<input type="checkbox"/> Content of work	<input type="checkbox"/> Lack of opportunity	<input type="checkbox"/> Attend school	<input type="checkbox"/> Better benefits		
<input type="checkbox"/> Better compensation	<input type="checkbox"/> Appointment ended				
<input type="checkbox"/> Other (explain)					
Please rate the following benefits:					
	Excellent	Good	Fair	Poor	No Opinion
Rate of pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holidays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retirement Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuition waiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sick Leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vacation Leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please rate communication in the following areas:					
	Excellent	Good	Fair	Poor	No opinion
General orientation to the University	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orientation to the Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Department procedures and policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specific knowledge of your job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Between you and your supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Between you and co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a job description for your position when you were hired?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		
Were your job duties fully and accurately explained to you when you were hired?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		
Was the position a match to your abilities and experience?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		

Please share suggestions about how this job/position might be improved. \_\_\_\_\_

Please rate the following in your job or department:

	Excellent	Good	Fair	Poor	No opinion
Friendliness and cooperation of co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation with Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation with other Departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On the job training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orientation to the job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical working conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Was your workload:  Too great  Too light  About right  Varied

Please rate your immediate supervisor on the following points:

	Almost always	Usually	Sometimes	Never
Follows policies and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates fair and equal treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides recognition for a job well done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates well with subordinates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develops cooperation among co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Formally evaluating performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resolves complaints and problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did you ever experience any of the following at OBU?

	Yes	No
Harassment	<input type="checkbox"/>	<input type="checkbox"/>
Favoritism of other employees	<input type="checkbox"/>	<input type="checkbox"/>
Unfair promotional practices	<input type="checkbox"/>	<input type="checkbox"/>
Unfair treatment	<input type="checkbox"/>	<input type="checkbox"/>
Threats	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on any item answered "Yes"

How would you describe your experience at OBU in terms of the following:

	Excellent	Good	Fair	Poor
Communication with employees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee participation in decision-making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment to deal fairly with staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee training and staff development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compensation for work performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you recommend OBU to others as a place to work?  Yes  No  Yes, with reservation

*Thank you for taking time to complete this questionnaire. If you wish to provide written comments you may do so on the back or attach additional sheet(s).*