



## Georgia Vocational Rehabilitation Agency Exit Questionnaire

**Dear Former/Exiting GVRA employee:**

**Thank you for assisting us by agreeing to complete the following exit interview. Please answer each question honestly and feel free to be as open and frank as you wish. All information will be kept CONFIDENTIAL and will not become a part of your personnel file. The information you provide will assist us in making Georgia Vocational Rehabilitation Agency (GVRA) a better place to work and bring us closer to our mission of delivering compassionate, innovative, and accountable services to individuals, families, and communities of the State of Georgia.**

**Thank you for your cooperation.**



GEORGIA VOCATIONAL REHABILITATION AGENCY

## Georgia Vocational Rehabilitation Agency Exit Questionnaire

\* 1. Please complete the following:

Name:

Job Title:

Work Program/Location:

Years/months in Current Job:

Date of Hire:

Last Day of Employment:

Current Salary:

Years/months with GVRA "Program":

\* 2. Type of Termination (*Please check one*)

- Retirement
- Resignation
- Transfer within Program
- Transfer to another GVRA Program
- Transfer (External Agency)
- Termination

\* 3. Reason for Leaving (*Please check one*)

- Change of Residence
- Military Enlistment
- Family Reasons
- Better Job Opportunity
- Leaving Workforce
- Retirement
- Returned to School
- Health
- Other (please specify)

\* 4. If leaving for another job/position, please check the box for the type of job(*Please check one*)

- Other GVRA Program
- Self-Employed
- Other State Agency
- Federal/County Job
- Private Sector Job
- N/A
- Other (please specify)

\* 5. Please check ALL that apply to your new job:

- Better Working Conditions
- Regular Work Hours (40hr/wk)
- Opportunity for Advancement
- Applicable Education/Experience
- Closer to Home
- N/A

Please explain:

\* 6. Please check the items you liked the most about your experience with GVRA

- |   |  |
|---|--|
| <input type="checkbox"/> Work Environment           | <input type="checkbox"/> Team Environment          |
| <input type="checkbox"/> Co-Workers                 | <input type="checkbox"/> Performance Recognition   |
| <input type="checkbox"/> Communication with Manager | <input type="checkbox"/> Training                  |
| <input type="checkbox"/> Fair Treatment             | <input type="checkbox"/> Career Growth             |
| <input type="checkbox"/> Job Security               | <input type="checkbox"/> Health & Welfare Benefits |
| <input type="checkbox"/> Challenging Work           | <input type="checkbox"/> Retirement Benefits       |
| <input type="checkbox"/> Job Satisfaction           | <input type="checkbox"/> Salary                    |
| <input type="checkbox"/> Work Schedule              |  |
| <input type="checkbox"/> Other (please specify)     |  |

\* 7. Please check the items you liked the least about your experience with GVRA (*Check all that apply*)

- |   |  |
|---|--|
| <input type="checkbox"/> Work Environment           | <input type="checkbox"/> Team Environment          |
| <input type="checkbox"/> Co-Workers                 | <input type="checkbox"/> Performance Recognition   |
| <input type="checkbox"/> Communication with Manager | <input type="checkbox"/> Training                  |
| <input type="checkbox"/> Unfair Treatment           | <input type="checkbox"/> Career Growth             |
| <input type="checkbox"/> Job Security               | <input type="checkbox"/> Health & Welfare Benefits |
| <input type="checkbox"/> Challenging Work           | <input type="checkbox"/> Retirement Benefits       |
| <input type="checkbox"/> Job Satisfaction           | <input type="checkbox"/> Salary                    |
| <input type="checkbox"/> Work Schedule              |  |
| <input type="checkbox"/> Other (Please specify)     |  |

\* 8. What were the things that most influenced your decision to end your employment with GVRA?(*Check all that apply*)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Working Conditions                | <input type="checkbox"/> Frequency of pay increases | <input type="checkbox"/> Inadequate benefits  |
| <input type="checkbox"/> Inflexible work schedule          | <input type="checkbox"/> Pay increase amount        | <input type="checkbox"/> Better job offer   |
| <input type="checkbox"/> Work too dangerous                | <input type="checkbox"/> Low Pay                    | <input type="checkbox"/> Dislike type of work   |
| <input type="checkbox"/> Lack of career growth             | <input type="checkbox"/> Distance from home         | <input type="checkbox"/> Relocation   |
| <input type="checkbox"/> Returned to school                | <input type="checkbox"/> Stressful work environment | <input type="checkbox"/> Heavy Workload   |
| <input type="checkbox"/> Co-workers                        | <input type="checkbox"/> Poor work hours/shifts     | <input type="checkbox"/> Lack of supervision  |
| <input type="checkbox"/> Lack of training opportunities    | <input type="checkbox"/> Personal/Family Reasons    | <input type="checkbox"/> Retirement   |
| <input type="checkbox"/> Problem with childcare            | <input type="checkbox"/> Excessive overtime         | <input type="checkbox"/> Conflict with supervisor or co-worker<br>(please explain details in " <b>Other</b> "<br>space below) |
| <input type="checkbox"/> Lack of promotional opportunities | <input type="checkbox"/> Joined military            |   |
| <input type="checkbox"/> Other (Please explain)            |   |   |

\* 9. Would you consider working for GVRA again in the future?

- Yes
- No

Please explain:

\* 10. Highest Level of Education Achieved

- HS/GED
- Some College
- BA/BS
- MA/MS
- Post-Graduate

\* 11. What areas do you think GVRA needs improvement? *(Check all that apply)*

- |   |  |
|---|--|
| <input type="checkbox"/> Types of Disabilities Served | <input type="checkbox"/> Employee Development/Training |
| <input type="checkbox"/> More paid Internships        | <input type="checkbox"/> Manager Development           |
| <input type="checkbox"/> New Hire Training            | <input type="checkbox"/> Customer Service to Partners  |
| <input type="checkbox"/> Less Paperwork               | <input type="checkbox"/> Managerial Communication      |
| <input type="checkbox"/> Employee Rewards/Recognition | <input type="checkbox"/> Career path for Employees     |
| <input type="checkbox"/> Other (please specify)       |  |

12. Please give suggestions for improvement on the above, Q11, **OR** on any other area(s) that may not have been listed.



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**Again, thank you for your cooperation and good luck on your future endeavors!**