

**CHILDREN'S HEALTHCARE OF ATLANTA
EXIT QUESTIONNAIRE**

The Exit Questionnaire is designed to obtain feedback from exiting employees to help us improve the work environment at Children's. The information you provide is completely confidential in that your name and specific responses will not be revealed to your supervisor and/or department (unless requested). Please bring the completed questionnaire to your scheduled exit interview. If you have any questions about completing this form, please contact your campus HR representative. We wish you success in your future endeavors.

EMPLOYEE INFORMATION

Name: _____ Date: _____

Position/title: _____ Length of Service: _____

Department: _____ Campus Location: _____

Supervisor: _____ Termination date: _____

REASON FOR RESIGNATION

Please select your reason(s) for leaving the organization. You may provide clarification in the comment space provided (select all that apply).

- | | |
|---|---|
| <input type="checkbox"/> Better career opportunity. | <input type="checkbox"/> Lack of recognition. |
| <input type="checkbox"/> Work schedule. | <input type="checkbox"/> Inconsistent treatment of employees. |
| <input type="checkbox"/> Family circumstances. | <input type="checkbox"/> Poor morale. |
| <input type="checkbox"/> Supervision/management. | <input type="checkbox"/> Lack of communication. |
| <input type="checkbox"/> Salary. | <input type="checkbox"/> Quality and productivity standards. |
| <input type="checkbox"/> Work conditions. | <input type="checkbox"/> Limited employee input. |
| <input type="checkbox"/> Relocation out of area. | <input type="checkbox"/> Maternity leave |
| <input type="checkbox"/> Health reasons. | <input type="checkbox"/> Physician relationships |
| <input type="checkbox"/> Returning to school full time - unable to work | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Insufficient training. | _____ |
| <input type="checkbox"/> Limited advancement. | _____ |
| <input type="checkbox"/> Coworkers. | |
| <input type="checkbox"/> Unchallenging work. | |

Comments: _____

From the above list, please list your primary and secondary reason for leaving:

1. _____

Comment: _____

2. _____

Comment: _____

Using the scale indicated, please rate **each** of the following statements:

JOB SATISFACTION				
1 – strongly disagree	2 - disagree	3 – neutral	4 – agree	5 – strongly agree

- _____ a. My job was consistently interesting and challenging.
- _____ b. I had the resources (equipment, supplies, systems) needed to do my job well.
- _____ c. I had the authority to make decisions when appropriate.
- _____ d. My skills were used to their fullest potential.
- _____ e. Working relationships with staff and supervisor(s) were generally positive.
- _____ f. Working relationships with physicians in my unit were generally positive.
- _____ g. The organizations culture supported my work.
- _____ h. The physical environment was satisfactory.

Comments: _____

SUPERVISION/MANAGEMENT/LEADERSHIP				
1 – strongly disagree	2 - disagree	3 – neutral	4 – agree	5 – strongly agree

- _____ a. My supervisor was approachable and accessible.
- _____ b. My supervisor valued my ideas and opinions.
- _____ c. I had open and honest two-way communication with my supervisor.
- _____ d. My supervisor kept me informed of the information I needed to do my job.
- _____ e. The information I received from my supervisor was accurate and timely.
- _____ f. My supervisor provided clear goals, responsibilities and performance expectations.
- _____ g. My supervisor delegated work appropriately.
- _____ h. My supervisor gave appropriate recognition and praise.
- _____ i. My supervisor was reasonably flexible and understanding of my personal and family-related needs.
- _____ j. The senior leadership is committed to providing a great place to work.
- _____ k. The senior leadership is fully committed to providing the highest quality of healthcare.
- _____ l. I had a clear understanding of the organization's Mission, Vision and Values.
- _____ m. I understood how my job contributed to the goals of the organization.
- _____ n. The organization demonstrated a commitment to ethical decisions and conduct.
- _____ o. I had trust in the leadership of this organization.

Comments: _____

CAREER DEVELOPMENT				
1 – strongly disagree	2 - disagree	3 – neutral	4 – agree	5 – strongly agree

- _____ a. I had the opportunity to pursue the education I needed to do my job well.
- _____ b. The quality of the training was consistently excellent.
- _____ c. I was able to apply my training at my work site.
- _____ d. I was satisfied with the amount of advancement opportunity available to me.
- _____ e. I was satisfied with the guidance/support/feedback I received from my supervisor regarding my career progress.
- _____ f. I was satisfied with the guidance/support/feedback I received from other areas of the organization regarding my career progress.
- _____ g. I received an appropriate orientation to my job.
- _____ h. I received thorough training on how to do my job.

Comments: _____

Using the scale indicated, please rate **each** of the following statements:

PERFORMANCE MANAGEMENT				
1 – strongly disagree	2 - disagree	3 – neutral	4 – agree	5 – strongly agree

- _____ a. Performance appraisals were fair and accurate.
- _____ b. My supervisor and I mutually established my performance goals and objectives at the beginning of the performance review cycle.
- _____ c. I received on-going feedback throughout the performance review cycle.
- _____ d. I had adequate opportunity to understand, discuss, and/or provide written comments on my performance evaluation.

Comments: _____

COMPENSATION				
1 – strongly disagree	2 - disagree	3 – neutral	4 – agree	5 – strongly agree

- _____ a. I understand Children's Compensation Program/Philosophy.
- _____ b. My compensation was competitive based on my knowledge of the pay of similar jobs at other organizations.
- _____ c. My compensation was fair based on my knowledge of the pay of similar jobs within Children's.

COMPLIANCE / WORK ENVIRONMENT

Please circle **YES** or **NO**

1. Did you ever experience or witness evidence of sexual harassment, unfair treatment, or discrimination in the workplace? (Please note: we are obligated to investigate any reports of illegal or unethical activity) **YES** **NO**

If yes, please explain: _____

2. Do you feel that Children's Standards of Conduct, policies and procedures provide adequate ethical/compliance guidance to employees? **YES** **NO**

Comments: _____

3. Are you personally aware of any violations of the law or any unethical activities taking place at Children's? (Please note: we are obligated to investigate any reports of illegal or unethical activity). **YES** **NO**

If yes, please explain: _____

4. Were you aware of the process to report any problems or concerns, any violations of the law, or unethical activities? **YES** **NO**

Comments: _____

5. Would you have feared retaliation or retribution had you reported problems or concerns? **YES** **NO**

If yes, please explain: _____

EMPLOYMENT WITH CHILDREN'S

1. If given the opportunity, what would you do to make Children's a better place to work?

2. What, if anything, could Children's have done to prevent you from leaving?

3. When initially hired, what were your reasons for selecting Children's?

4. Were your expectations of Children's met during your employment? Why or why not?

5. If a member of your family required care from Children's, would you be confident that they received the highest quality of care? **YES** **NO**

6. What additional comments about your experience at Children's would you like to add?

NEW EMPLOYMENT

1. Did you get a new job? **YES** **NO**

2. What do you believe your new employer offers that Children's did not?

New Employer: _____

Title: _____

Location: _____
city state

New Salary: _____

May Human Resources contact you for additional information? **YES** **NO**

Phone number: _____

Children's Healthcare of Atlanta Separation Clearance Form

Please Read Carefully and Completely - Failure to Follow Directions May Delay The
Receipt of Your Final Pay Check

This form must be completed and returned to your Human Resources Representative on or before your last day of work. Please schedule your exit interview as far in advance of your last day as possible by contacting the appropriate Human Resources Representative for your campus:

Kim Bennett - Scottish Rite Campus and Rehab Centers - 404.785.2032

Michael Landis - Egleston Campus, The Park & Primary and Immediate Care Centers - 404.785.6975

Kelly Roelofs- The Park & Marcus Autism Center- 404.785-7815

Christina Darby- Hughes Spalding- 404.785.6851

Prior to your exit interview, you must receive the signature of the department manager/designee within each department listed. For any item listed that does not apply to you, please have your manager/designee mark N/A - not applicable. A completed form with the required signatures will indicate that all Children's property has been returned and that you have resolved all employment related business.

NAME: _____

DEPARTMENT: _____

DEPARTMENTAL CLEARANCE

FINAL CLEARANCE-HUMAN RESOURCES

Date Cleared

Date Cleared

Uniform _____
Keys _____
Locker _____
Cell Phone _____
Pager _____
Addtl Equipment _____

Badge _____
Relocation _____
Sign-on _____
Tuition Reimb _____
Exit Interview _____
ETF _____

Signature of Manager/designee completing clearance

Signature of Human Resources Rep.

Forwarding Address: _____

Home E-Mail Address: _____