Please complete this separation questionnaire. The information you provide on this form is voluntary and will help to maintain good working conditions for employees. This form is subject to Open Records.

Name: ________________________ Dept: ________________________ Title: ________________________
College (If Applicable): __________________ VP Office: __________________

Separation & Job Satisfaction

1. Why are you leaving?  ○ Resigned  ○ Terminated  ○ Graduating  ○ Other
2. What was your length of employment at SFASU?
   ○ Less than 6 Months  ○ 6 Months to a 1 year  ○ 1-3 years

3. Rate the level of satisfaction you experienced while working within your department.
   Unsatisfied  1  2  3  4  5  Satisfied
4. Rate the level of enjoyment you had while working as a Graduate Assistant.
   (1 being little enjoyment to 5 being great enjoyment)
   1  2  3  4  5

5. Would you consider returning to work full-time at SFASU?  ○ Yes  ○ No  ○ Unsure
6. Would you recommend SFA as a place of employment to a friend?  ○ Yes  ○ No  ○ Unsure

Job Responsibilities

7. Please rate the following in regards to your job and department.

<table>
<thead>
<tr>
<th>Job Duties/Responsibilities</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>No Opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working Conditions</td>
<td></td>
<td></td>
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<tr>
<td>Resources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. Do you feel your evaluations of performance were completed fairly?  ○ Yes  ○ No

Supervision

9. Please write the full name of your Chair/professor/supervisor. ________________________________

10. Rate the following in regards to your supervisor.

    | Supervisory Skills | Excellent | Good | Fair | Poor | No Opinion |
    |-------------------|-----------|------|------|------|------------|
    | Availability      |           |      |      |      |            |
    | Communication     |           |      |      |      |            |
    | Recognition       |           |      |      |      |            |
    | Fairness          |           |      |      |      |            |
11. Did you ever experience conflicts or problems while performing your job duties?  ○ Yes  ○ No
    If YES, did your supervisor know about the problem(s)?  ○ Yes  ○ No  ○ Unsure

12. What improvements would you recommend for SFASU or your department that would make working in your department better?

__________________________________________________________________________

__________________________________________________________________________

13. On the lines below please feel free to make any comments about your position or experiences that occurred while working for the University.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Employee Signature:___________________________    Date:_________________

Thank you for the time spent at the University and for completing the exit interview questionnaire. Please return this document to Human Resources. P. O. Box 13039, SFA Station, Nacogdoches, TX 75962.