

Stephen F. Austin State University

SEPARATION QUESTIONNAIRE

Graduate Assistant

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? O Resigned O Terminated O Graduating O Other
2. What was your length of employment at SFASU?
O Less than 6 Months O 6 Months to a 1 year O 1-3 years
3. Rate the level of satisfaction you experienced while working within your department.
Unsatisfied Satisfied
1 2 3 4 5
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? O Yes O No O Unsure
6. Would you recommend SFA as a place of employment to a friend? O Yes O No O Unsure

Job Responsibilities

- 7. Please rate the following in regards to your job and department.
Excellent Good Fair Poor No Opinion
Job Duties/Responsibilities
Working Conditions
Resources
8. Do you feel your evaluations of performance were completed fairly? O Yes O No

Supervision

- 9. Please write the full name of your Chair/professor/supervisor. _____
10. Rate the following in regards to your supervisor.
Excellent Good Fair Poor No Opinion
Supervisory Skills
Availability
Communication
Recognition
Fairness

