

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

	Excellent	Good	Fair	Poor	No Opinion
Job Duties/Responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working Conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Do you feel your performance evaluations were completed accurately and fairly? Yes No

Supervision

12. Please write the full name of your Chair/supervisor. _____

13. Rate the following in regards to your supervisor.

	Excellent	Good	Fair	Poor	No Opinion
Supervisory Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fairness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. 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

15. Did you experience any of the following while working in your department?

	Yes	No
Favoritism of other employees	<input type="checkbox"/>	<input type="checkbox"/>
Unfair treatment	<input type="checkbox"/>	<input type="checkbox"/>
Retaliation/threats for filing a grievance	<input type="checkbox"/>	<input type="checkbox"/>

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

17. 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.