

## WINK-LOVING INDEPENDENT SCHOOL DISTRICT

### EXIT QUESTIONNAIRE FORM

#### PERSONAL DATA

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Campus/Dept. Dates Worked: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_

Street Address

City State Zip

Effective Date of Forwarding Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*Note: Your final paycheck will be direct deposited into your account.**

**Please give us instructions regarding your final paycheck.** Would you like it delivered to your campus, have it mailed to you or would you like to pick it up at the Central Office? Please indicate in the space available and be sure to give correct mailing address if you chose to have your check mailed to you. \_\_\_\_\_

**Check appropriate type of separation from employment:**

|                                         |                                              |
|-----------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Discharge      | <input type="checkbox"/> Retirement          |
| <input type="checkbox"/> Nonrenewal     | <input type="checkbox"/> RIF                 |
| <input type="checkbox"/> Resignation    | <input type="checkbox"/> Extended Disability |
| <input type="checkbox"/> With notice    | Other _____                                  |
| <input type="checkbox"/> Without notice |                                              |

**Check all applicable reasons for leaving. To be completed only by all voluntary resignations.**

|                                                  |                                                         |
|--------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Moving from district    | <input type="checkbox"/> Retirement                     |
| <input type="checkbox"/> Health reasons          | <input type="checkbox"/> Returning to school            |
| <input type="checkbox"/> Family circumstances    | <input type="checkbox"/> Dissatisfied with type of work |
| <input type="checkbox"/> Secured better position | <input type="checkbox"/> Extended Disability            |
| <input type="checkbox"/> Other _____             | <input type="checkbox"/> Out of                         |
|                                                  | <input type="checkbox"/> Into                           |

**If leaving to teach in another district, where are you going?** \_\_\_\_\_

Comments \_\_\_\_\_

**CHECKOUT PROCEDURES:** Please make sure that you return all district property (i.e. books, laptop, keys, badge) to your appropriate supervisor. Please refer to the benefit handout for specific information regarding district benefits. If you have further questions, do not hesitate to call the Superintendent's Office at (432) 527-3880.

Comments: \_\_\_\_\_

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**QUESTIONNAIRE**

1. How would you rate your experience in Wink-Loving ISD with regards to the following? Check the appropriate box:

|                                           | Excellent | Good | Fair | Poor |
|-------------------------------------------|-----------|------|------|------|
| Working relationship with your supervisor |           |      |      |      |
| Cooperation within department             |           |      |      |      |
| Cooperation with other departments        |           |      |      |      |
| Adequacy of job orientation and training  |           |      |      |      |
| Workload                                  |           |      |      |      |
| Physical working conditions               |           |      |      |      |
| Availability of materials/equipment       |           |      |      |      |
| Evaluation procedures                     |           |      |      |      |
| Recognition on the job                    |           |      |      |      |
| Employee benefits                         |           |      |      |      |
| Communication within the district         |           |      |      |      |
| Central administration support            |           |      |      |      |
| Community support for district            |           |      |      |      |
| Overall experience with Wink-Loving ISD   |           |      |      |      |

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. What factors made your employment a positive experience with Wink-Loving ISD?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Do you have any comments or suggestions to improve Wink-Loving ISD?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Would you recommend Wink-Loving ISD to others as a place to work?

\_\_\_\_\_ Yes                      \_\_\_\_\_ Yes, with reservation(s)                      \_\_\_\_\_ No