

South Carolina Department of Social Services
EMPLOYEE EXIT SURVEY

Departing Employee: Your input about your employment with the agency is important to us. We request your assistance by completing this form and returning it to the Human Resources Management Division in the enclosed postage paid business envelope.

Program Area: Child Welfare Economic Services Admin Child Support Adult Advocacy
 Other: _____

Name: (Optional) _____ Job Title: _____

Division/County: _____ Separation Date: _____

1. (Optional) What is your age? _____
 2. How long did you work for the State/DSS? _____
 3. (Optional) What is your sex? _____
 4. (Optional) What is your race? _____
 5. What reasons led you to accept a job with us? _____

 6. What is your main reason for leaving? _____

 7. What could have been done early on to prevent you from leaving? _____

 8. Was your supervisor knowledgeable of the job you performed? If not, then please explain: _____

 9. How would you describe your work environment? _____

 10. What did you enjoy about working here? _____
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11. We want to know why you left employment with DSS. Please choose only the top three (3) reasons among the below choices for leaving the agency and rank them from one (1) the major factor to three (3).

<u>Rank</u>	<u>Reason</u>
_____	Better Advancement
_____	Higher Pay
_____	Lack of Supervisory Support
_____	Lack of Employee Recognition
_____	Lack of Training
_____	Other: (Please explain) _____

12. Would you consider returning to DSS? Yes No

13. Do you have any additional comments? _____

Thank you for taking the time from your busy schedule to complete and return this important survey.