



# Human Resources

## TERMINATION QUESTIONNAIRE

1. When you were first employed by the Aiken Technical College, were the duties and responsibilities of your job clearly explained to you?

- Yes  No  Uncertain

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

2. Which of the following factors contributed toward your decision to leave?

- |  |  |
|--|--|
| <input type="checkbox"/> Commuting Distance                    | <input type="checkbox"/> Working Conditions      |
| <input type="checkbox"/> Illness in Family                     | <input type="checkbox"/> Type of Work            |
| <input type="checkbox"/> Family Problems                       | <input type="checkbox"/> Promotional Opportunity |
| <input type="checkbox"/> Maternity                             | <input type="checkbox"/> Compensation            |
| <input type="checkbox"/> Marriage                              | <input type="checkbox"/> Hours                   |
| <input type="checkbox"/> Return to School                      | <input type="checkbox"/> Supervision             |
| <input type="checkbox"/> Health Reasons                        | <input type="checkbox"/> Fellow Employees        |
| <input type="checkbox"/> Military Reasons                      | <input type="checkbox"/> State Policies          |
| <input type="checkbox"/> Transportation Problems               | <input type="checkbox"/> Mutual Agreement        |
| <input type="checkbox"/> Personal Reasons                      | <input type="checkbox"/> Location                |
| <input type="checkbox"/> To Take Care of Children/Housekeeping | <input type="checkbox"/> Inadequate Training     |
| <input type="checkbox"/> Other: _____                          |  |

3. If you have accepted another position, will you be performing the same type of work?

- Yes  No

If no, please specify: \_\_\_\_\_  
\_\_\_\_\_

4. Does your new position offer you:

- |  |   |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Better Future         | <input type="checkbox"/> Yes <input type="checkbox"/> No Less Strenuous Work    |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Better Hours          | <input type="checkbox"/> Yes <input type="checkbox"/> No Return to Former Trade |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Other (specify below) | <input type="checkbox"/> Yes <input type="checkbox"/> No Higher Pay             |

Other: \_\_\_\_\_  
\_\_\_\_\_

5. What did you like most about your job or department? \_\_\_\_\_  
\_\_\_\_\_

What did you like least? \_\_\_\_\_  
\_\_\_\_\_



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## TERMINATION QUESTIONNAIRE (continued)

6. Did you feel your efforts made an important contribution:

A. To Aiken Technical College?

- Almost Always                       Sometimes                       Seldom
- Never                                       Don't Know

B. To your Department?

- Almost Always                       Sometimes                       Seldom
- Never                                       Don't Know

7. Were you kept informed of changes in policies and practices:

A. At Aiken Technical College?

- Yes                       No                       Unimportant to me

B. In your Department?

- Yes                       No                       Unimportant to me

8. Was the amount of work you were expected to do:

- Too much for one person.
- Occasionally heavy, but about right most of the time.
- Just right. Not under-worked or over-worked.
- Not enough. Did not fully take up time.

9. How would you rate Aiken Technical College on each of the following points?

	Excellent	Good	Fair	Poor	No opinion
A. Fair and equal treatment by management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Provides recognition on the job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Development of cooperation and teamwork.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Resolving complaints and problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Communications with employees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Communications within department.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. On-the-job training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Rate of pay for your job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Employee benefits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Chances of advancement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Access to information needed to do your job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Management responsive to your ideas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Are there any other comments you would like to provide?

\_\_\_\_\_

Signature (Optional)