
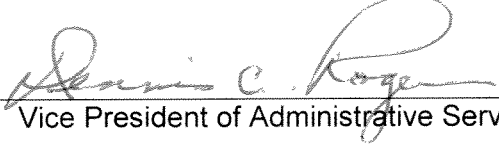


**AIKEN TECHNICAL COLLEGE
PROCEDURE**

Procedure Title:	TERMINATION OF EMPLOYMENT - QUESTIONNAIRE	Procedure Number: 3-3-108.3
Institutional Authority:	Vice President of Administrative Services	
Associated SBTCE Policy/Procedure:	8-8-100	
Governing ATC Policy:	3-3-108	

Approved:  
President Vice President of Administrative Services

Date Adopted: 02/11/2008
Date Revised:

DISCLAIMER

PURSUANT TO SECTION 41-1-110 OF THE CODE OF LAWS OF SC, AS AMENDED, THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE AGENCY.

A Termination Questionnaire is designed to obtain the reason for separation, employee's opinions about their job, and the employee's overall opinions of the College. The Termination Questionnaire should be completed by the terminating employee before he/she clears the College.

The Human Resource Services Division should summarize data from the Termination Questionnaire periodically to determine if potential problem areas exist that might cause excessive turnover in personnel. The summarized data from Termination Questionnaires will be reported to the President or designee, periodically when significant trends occur that may cause employee turnover.

Procedure Review		
Review Date	Reviewed By	Date Completed
02/11/2013		



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? _____



TERMINATION QUESTIONNAIRE (continued)

- 3. Did you feel your efforts made an important contribution:
A. To Aiken Technical College?
B. To your Department?

- 4. Were you kept informed of changes in policies and practices:
A. At Aiken Technical College?
B. In your Department?

- 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?
A. Fair and equal treatment by management.
B. Provides recognition on the job.
C. Development of cooperation and teamwork.
D. Resolving complaints and problems.
E. Communications with employees.
F. Communications within department.
G. On-the-job training.
H. Rate of pay for your job.
I. Employee benefits.
J. Chances of advancement.
K. Access to information needed to do your job.
L. Management responsive to your ideas.
M. Other: _____

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

Signature (Optional)

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