



CITY OF ROUND ROCK Exit Interview / Questionnaire

Today's Date _____ Separation Date _____

Please complete this questionnaire at the time of separation from employment. Your opinion regarding your work with the City of Round Rock is of great value to the city. Your response to this questionnaire may help the city improve the work environment and employee programs.

EMPLOYEE INFORMATION

Name (optional) _____

Length of service: _____

Position held: _____

Department / Division _____

REASON FOR SEPARATION

Voluntary

- ☐ Resignation
 - ☐ Inadequate salary
 - ☐ Lack of opportunity for advancement
 - ☐ Dissatisfaction with supervisor
 - ☐ Working Hours
 - ☐ Other working conditions (specify) ▶
 - ☐ Dislike / Unsuitability for assigned duties
 - ☐ Resigned in lieu of involuntary termination
 - ☐ Personal reasons not related to job
 - ☐ Family / personal problems
 - ☐ School attendance
 - ☐ Relocation
 - ☐ Retirement
 - ☐ Reasons unknown
 - ☐ End of temporary assignment

Involuntary

- ☐ Performance
- ☐ Probationary
- ☐ Conduct
- ☐ All Other

Other

- ☐ Reduction in work force

ASSESSMENT OF EMPLOYMENT WITH CITY OF ROUND ROCK

Do you feel that you made a contribution to the City of Round Rock? ☐ yes ☐ no

Would you say that the City of Round Rock is a good place to work? ☐ yes ☐ no

Did you understand your job responsibilities? ☐ yes ☐ no

Were you recognized for the work you performed? ☐ yes ☐ no

Did your supervisor conduct a performance evaluation at least once per year? ☐ yes ☐ no

Did you feel that promotions / merits were fairly administered in your division? ☐ yes ☐ no

If NO, please comment :

Were you satisfied with your supervisor's effectiveness? ☐ yes ☐ no

If NO, why?

Did you find training and staff development opportunities to be adequate? ☐ yes ☐ no

If NO, what is needed ?

Were relevant policies and procedures explained to you? ☐ yes ☐ no

What did you like most about working at the City of Round Rock?

What did you like least about working for the City of Round Rock?

What could have prevented your separation?

Additional Comments

May we use your name to approach your former supervisor to try to improve working conditions and to increase employee satisfaction?

☐ **yes**

☐ **no**



City of Round Rock

Exit Information Sheet

Name: _____

Employee Number: _____

Department: _____

Separation Date: _____

All Employees:

Date of Final Check: _____

Delivery method of final check:

- ☐ Direct deposited (Automatic default)
- ☐ I will personally pick up my final check from Human Resources
- ☐ Mail my final check to the following address: _____

City/State/Zip: _____

- ☐ Release my final check to: _____
(Please Note: Person authorized to pick up check must have a valid ID.)

Address Verification:

(Please supply the mailing address that will be used for W2 information at the end of the year)

Address: _____ City/State/Zip: _____

Retirees Only:

Please indicate your preference for future correspondence from the City of Round Rock:

- ☐ Regular Mail
- ☐ Email
- ☐ Both

Email Address: _____ Phone Number: _____

(Please provide personal email address and phone number)

Would you like to continue your insurance with the retiree coverage? ☐ Yes ☐ No

Employee Signature: _____

Date: _____

HR USE ONLY

Address updated: _____

(Initial & Date)

Last Updated: 8/13/19



CATASTROPHIC LEAVE DONATION
(employees separating service)

I, _____, hereby donate _____ sick leave hours to the City of Round Rock's Catastrophic Leave Pool.

Per City policy, employees separating service from the City of Round Rock may not donate more than 480 hours to the Catastrophic Leave Pool.

My last day of employment with the City of Round Rock is _____

Employee Signature

Employee #

Date

For completion by Human Resources:

_____ Sick leave hours entered in Catastrophic Leave Pool

Human Resources Signature

Date