

## FORT BEND COUNTY EXIT INTERVIEW

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

Forwarding address: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

### Supervisor's Remarks:

Work Performance: (please check one)

\_\_\_\_\_ Consistently and clearly exceeded all job requirements and responsibilities

\_\_\_\_\_ Frequently exceeded most job requirements and responsibilities

\_\_\_\_\_ Met all job requirements and expectations

\_\_\_\_\_ Demonstrated effort toward meeting minimum standards of job requirements

\_\_\_\_\_ Failed to meet minimum standards for job requirements

Quality of Work: \_\_\_ Outstanding \_\_\_ Satisfactory \_\_\_ Unsatisfactory

Did this employee present any supervisory problems? \_\_\_\_\_

\_\_\_\_\_

How did this employee get along with others? \_\_\_\_\_

Would this employee be put back in the same job? \_\_\_\_\_

Why? \_\_\_\_\_

Was attendance satisfactory? \_\_\_\_\_

What were this employee's strong points? \_\_\_\_\_

What were this employee's weak points? \_\_\_\_\_

Should Fort Bend County consider this employee for re-employment? \_\_\_\_\_

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Official/Dept. Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reviewed by HR Rep

\_\_\_\_\_  
Date

## FORT BEND COUNTY EXIT INTERVIEW (continued)

Do you have a new job? \_\_\_\_\_ Where? \_\_\_\_\_

Will you have a better opportunity? \_\_\_\_\_ At what salary? \_\_\_\_\_

What is your reason for leaving? \_\_\_\_\_

\_\_\_\_\_

Were you dissatisfied with any of the following: (please answer **yes** or **no**)

_____ Supervision	_____ Working Conditions
_____ Job Responsibilities	_____ Promotional Opportunities
_____ Employee Benefits	_____ Fellow Employees
_____ Salary	_____ Other: _____

What did you like best about working at Fort Bend County? \_\_\_\_\_

How did you feel about your supervision? \_\_\_\_\_

How do you rate the morale in the department? \_\_\_\_\_

Would you like to work here again? \_\_\_\_\_

Do you have any suggestions for improving the job or other aspects of the department or division? \_\_\_\_\_

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

\_\_\_\_\_  
**Signature of Supervisor**                      **Date**

\_\_\_\_\_  
**Signature of Employee**                      **Date**

\_\_\_\_\_  
**Signature of Official/Dept. Head**                      **Date**

\_\_\_\_\_  
**Reviewed by HR Rep**                      **Date**

Policy Approved and Adopted By:  
Fort Bend County Commissioners Court  
November 24, 1998  
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