



FSU Faculty Exit Survey

Colleges and Units (*Please check one to indicate your primary College/Unit affiliation*):

- | | | |
|--|---|---|
| <input type="checkbox"/> Arts & Sciences | <input type="checkbox"/> Law | <input type="checkbox"/> NHMFL |
| <input type="checkbox"/> Business | <input type="checkbox"/> Medicine | <input type="checkbox"/> LSI |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Music | <input type="checkbox"/> Academic Quality/External |
| <input type="checkbox"/> Crim & Criminal Justice | <input type="checkbox"/> Nursing | <input type="checkbox"/> Academic Affairs |
| <input type="checkbox"/> Education | <input type="checkbox"/> Social Sciences | <input type="checkbox"/> Finance and Administration |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Social Work | <input type="checkbox"/> Office of Research |
| <input type="checkbox"/> Film | <input type="checkbox"/> University Libraries | <input type="checkbox"/> Student Affairs |
| <input type="checkbox"/> Human Sciences | <input type="checkbox"/> University School (FSUS) | <input type="checkbox"/> President's Office |
| <input type="checkbox"/> Information | <input type="checkbox"/> Visual/Theatre/Dance | <input type="checkbox"/> University Relations |

Department/Unit: _____

Job Title: _____

1. Why are you leaving FSU? (*Please check all that apply*)

- To Accept Other Employment
 - Promotion/Career Advancement
 - Higher Pay
 - Better Benefits (*Please specify*): _____
 - Work Schedule
 - Career Change
 - Better Working Conditions/Work Environment
 - More Job Security
 - Other (*Please specify*): _____

- Other Reasons (*Please check all that apply*)
 - Moving
 - Layoff
 - Educational pursuits
 - Illness/Disability
 - Personal
 - Family (*Please specify*): _____
 - Retirement
 - Contract Ending
 - Terminated
 - Other (*Please specify*): _____

2. Which of these reasons was most influential in your decision to leave FSU? (*Please write the reason(s) in this space*): _____

3. For what type of employer will you now be working? (Please choose one option from the list below)
- Government Agency
 - Another Academic Institution (Please specify): _____
 - Private Industry
 - Self-employed
 - Exiting Workforce
 - Other (Please specify): _____

4. Please evaluate the following factors as they relate to your working relationship with your immediate supervisor:

	Excellent	Satisfactory	Poor
Fair and impartial treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognition of accomplishments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encouraging Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effective Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest taken in your development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount/effectiveness of assistance received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any comments on your working relationship with your immediate supervisor?

5. Please evaluate the following factors as they relate to your working relationship with your colleagues:

	Excellent	Satisfactory	Poor
Recognition of accomplishments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation and Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effective Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest taken in your progress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount/effectiveness of assistance received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity to participate in shared governance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation from colleagues in departmental service assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any comments on your working relationship with your colleagues?

6. Please evaluate the following based upon your experiences while working at FSU:

	Excellent	Satisfactory	Poor
Salary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity for career advancement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Excellent	Satisfactory	Poor
Opportunity for travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working conditions in your department/unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Challenge of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching workload	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research workload	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service workload	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Would you consider working for FSU again in the future? Yes No

a. If you answered “yes”, please specify in what capacity you would return:

- | | Yes | No |
|---|--------------------------|--------------------------|
| i. Same position | <input type="checkbox"/> | <input type="checkbox"/> |
| ii. Another position in the same department | <input type="checkbox"/> | <input type="checkbox"/> |
| iii. Another position at FSU | <input type="checkbox"/> | <input type="checkbox"/> |

b. If you answered “no”, please explain:

8. Please add or note any suggestions/comments below.

OPTIONAL

Please answer the following questions about yourself. To the extent the law permits, your responses will be kept confidential.

Name: _____ **Gender:** _____ **Race:** _____

Age

Under 25yrs 26-35yrs 36-45yrs 46-55yrs 56-65yrs Over 65yrs

Annual Salary: _____ **Years of Service at FSU:** _____

Tenured **Tenure Earning** **Non-tenure Earning**

"Thank you for participating in the exit survey."

Please send to:

Office of the Dean of the Faculties
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222 S Copeland Ave.
PO Box 3061480
Tallahassee, FL 32306-1480
(Campus Mail - 1480)

Attention: Christopher Pitts