

**LSUHSC-S Human Resources – Exit Questionnaire**

Date \_\_\_\_\_

Department \_\_\_\_\_ Years /months at LSUHSC-S \_\_\_\_\_  
 Position Title \_\_\_\_\_ Years /months in Department \_\_\_\_\_  
 Immediate Supervisor Name \_\_\_\_\_

**Primary Reasons for Leaving:**

- Better Salary**                       **Health Reasons**                       **Educational Opportunities**  
 **Better Benefits**                       **Moving/Relocating**                       **Retirement**  
 **Better Work Hours**                       **Management/Supervisor**                       **Personal/Family**  
 **Other (Please explain)** \_\_\_\_\_

**Human Resources**

**Please Rate the Following Using Scale:**

**Excellent                      Good    Poor    Not Applicable**

- |                                |                          |                          |                          |                          |
|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Salary                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Hospitalization Insurance   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Annual Leave                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Sick Leave                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Dental Insurance            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Life Insurance              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Retirement Plan             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Tuition Waiver (LSU System) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Holidays                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Parking                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Promotional Opportunities  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Department**

- |   |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Orientation to Department/Unit           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Training/ Preceptorship                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Work Schedule                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Work Load                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Staffing                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Recognition for your Contribution        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Working Relationship with Peers          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Communication with Supervisor            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Communication with Department Head       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Promotional Opportunities in Department | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Support from Management                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. In-services and Seminars                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Equipment/ Tools                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Morale                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Overall Job Satisfaction                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Hospital**

- |                                       |                          |                          |                          |                          |
|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Overall Attitude of Employees      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Patient Care                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Employee Recognition/ Achievements | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Concern for Employees              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

	<b>Yes</b>	<b>No</b>
Have you ever engaged in conduct that you believe was either unethical or illegal?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been asked to engage in conduct you believe was either unethical or illegal?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever witnessed conduct by an employee, contractor or agent that you believe was unethical or illegal? If yes, by whom? Please describe the conduct	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever removed company documents (including those created by you) without returning them to the company? If yes, do you have those documents?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever given company documents to a non-company employee other than for business reasons to a company contractor or agent? If yes, to whom?	<input type="checkbox"/>	<input type="checkbox"/>
While employed by LSUMC, did you or any family member own, operate, invest in, assist or otherwise have an interest in any company or enterprise which competed with the company or with which the company had a business relationship? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
Do you have recommendations for improving LSUMC-S? If yes, what are they?	<input type="checkbox"/>	<input type="checkbox"/>