

Exit Interview QuestionnaireConnecticut Department of Correction

CN 2401/1 REV 09/30/15

Employee Name:			Employee Number:	
Total years with the Department of Correction:				
Job title at time of termination:				
1.	Please list the reason(s) that contributed to your decision to leave the Department of Correction:			
	A.	To accept alternative employment:		
	B.	Relocation:		
	C.	Limited promotional opportunities:		
	D.	Lack of training:		
	E.	Poor supervision:		
	F.	Working conditions:		
	G.	Job expectations:		
	H.	Other:		
2.	Yes	ou ever consider returning to work for the Department of Correction No		
3.		job make good use of your skills and abilities? Yes ☐ Nase explain how your skills and abilities were underutilized.	o 🗆	
4.	Did the jo	ob meet your expectations? Yes No If no, pleas	e explain why	
5.		eel that the supervising staff provided the guidance and information No		



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6.	Were you provided with positive feedback and recognition for your work accomplishments? Yes No If no, please comment	
7.	Was your supervising staff responsive to job related matters brought to their attention? Yes No If no, please comment	
8.	Were you given sufficient and accurate information about the job? Prior to hiring: Yes No At orientation training: Yes No If no, please comment	
9.	Were you provided adequate training to perform your job? Yes No If no, how could training be improved?	
10.	Please list any suggestions for changes or improvements which could assist the Department operations.	nt in enhancing its
Employee's Signature: Date:		Date:
Interviewer's Signature:		Date: