**Hoke County Schools**

Exit Survey

Name (Optional):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department/School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years in system:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART 1: Reason for Leaving**

*More than one reason may be given if appropriate; if so, circle primary reason.*

**RESIGNATION**

( ) Took another position ( ) Dissatisfaction with salary

( ) Pregnancy/home/family needs ( ) Dissatisfaction with type of work

( ) Poor health/physical disability ( ) Dissatisfaction with supervisor

( ) Relocation to another city ( ) Dissatisfaction with co-workers

( ) Travel Difficulties ( ) Dissatisfaction with working conditions

( ) To attend school ( ) Failure to return from leave of absence

( ) Amount of local supplement ( ) Student discipline

( ) Lack of preparation time ( ) Large class size

( ) Administrative support ( ) Lack of parental support

( ) Lack of supplies/resources ( ) Resigned in lieu of dismissal

( ) Non-renewal of contract ( ) Lack of recognition

( ) Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART II: Comments/Suggestions for Improvement**

Employee Signature (Optional):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Thank you for your cooperation. Please return this survey to:*

***Hoke County Schools***

***Human Resources Department***

***310 Wooley St***

***Raeford, NC 28376***

***Fax: (910) 904-1100***