
EXIT INTERVIEW SIGN-OFF FORM

OFFICE OF DIVERSITY, EQUITY AND OPPORTUNITY (ODEO)

STATE EQUAL OPPORTUNITY OFFICE

One Capitol Hill

Providence, RI 02908-5865

ooo.compliance@doa.ri.gov

Rhode Island Department of:

NAME OF EMPLOYEE (Please print or type)

The Office of Diversity, Equity and Opportunity in collaboration with the Division of Human Resources has established this exit interview process in order to assess the overall employee experience while working for the state, to assure that terminating employees are not leaving because of discriminatory circumstances, and to identify opportunities to improve retention and engagement.

I hereby acknowledge that I have received the Confidential Exit Survey from the Division of Human Resources and that the completed Confidential Exit Survey must be forwarded to the State Equal Opportunity Office. I also understand that a copy of this completed sign-off form (not the Confidential Exit Survey) will be placed in my personnel file.

SIGNATURE OF EMPLOYEE

DATE EMPLOYEE SIGNED

DATE EXIT INTERVIEW WAS
GIVEN TO EMPLOYEE

SIGNATURE OF HUMAN RESOURCES
REPRESENTATIVE

INSTRUCTIONS:

The Human Resources Representative must distribute a copy of the Confidential Exit Survey along with any necessary documents to the terminating employee. The Human Resources Representative must place a copy of the Exit Interview Sign-Off Form in the employee's personnel file and forward a second copy of the Exit Interview Sign-Off Form to the ODEO/State Equal Opportunity Office, via inter-office mail or electronically at ooo.compliance@doa.ri.gov, immediately upon completion.

Rhode Island State Equal Opportunity Office

CONFIDENTIAL EXIT SURVEY

As a terminating employee, you have the option of an exit interview with the ODEO/State Equal Opportunity Office to discuss any information related to harassment and/or discrimination, and you also have the option of an exit interview with a Human Resources Representative to share any information regarding your work experience. To schedule an in-person interview please e-mail ooo.compliance@doa.ri.gov for ODEO/State Equal Opportunity Office or the Division of Human Resources directly at 401-222-2160 or by e-mail at doa.hrcontact@hr.ri.gov.

All information obtained from this survey will be handled in a confidential manner and, to the extent possible, will not be divulged to supervisors, co-workers, or anyone inside or outside the agency. Please note however, if there is a claim of discrimination, sexual harassment, or criminal behavior, etc., then we are required to take action and information may need to be confidentially divulged, but will not compromise the departing employee. The information will be used as a tool for change and improvements and will not be made part of your personnel record and will not be used to respond to reference checks by future employers. We ask that you be as honest and fair as possible. Thank you for your contribution to the improvement of the State of Rhode Island.

NAME <input style="width: 90%;" type="text"/> ADDRESS <input style="width: 90%;" type="text"/> TELEPHONE <input style="width: 90%;" type="text"/> E-MAIL <input style="width: 90%;" type="text"/>	JOB TITLE <input style="width: 90%;" type="text"/> DEPT./AGENCY <input style="width: 90%;" type="text"/> DIVISION/UNIT <input style="width: 90%;" type="text"/> DATE HIRED <input style="width: 90%;" type="text"/> DATE DEPARTED <input style="width: 90%;" type="text"/>
--	--

(Please Check All That Apply - For Equal Opportunity Purposes Only)

Race/Ethnic Categories

- | | | |
|-------|-------------------------------------|-------------------|
| White | American Indian or Alaska Native | Hispanic |
| Black | Native Hawaiian or Pacific Islander | Two or More Races |
| Asian | | |

Gender Categories

- Female
Male

Other Protected Classes

- Disabled
Veteran
Age: 40 & over

CONFIDENTIAL EXIT SURVEY INQUIRY

(continued)

1. What is your main reason for leaving?

2. What did you like best about your job?

3. What did you dislike about your job?

4. Did you find your employment worthwhile in terms of personal growth and achievement?

Yes No

Please explain: _____

5. Do you feel career opportunities were adequately afforded to you?

Yes No

Please explain: _____

6. Did you feel free to go to your supervisor about your job?

Yes No

Please explain: _____

7. Was your supervisor effective in handling problems or complaints?

Yes No

Please explain: _____

8. Did you receive fair treatment while employed?

Yes No

Please explain: _____

9. Do you feel you were discriminated against?

Yes No

Please explain: _____

CONFIDENTIAL EXIT SURVEY INQUIRY

(continued)

10. Would you seek employment with the State of Rhode Island at a future date?

Yes No

Please explain: _____

11. Would you recommend employment with the State of Rhode Island to your friends and family?

Yes No

Please explain: _____

12. Please complete the following statement: I don't know why the State of Rhode Island doesn't just

13. Please complete the following statement: I feel the State of Rhode Island would benefit from changes, such as:

14. Please complete the following statement: I feel my Department would benefit from changes, such as:

Comments

CONFIDENTIAL EXIT SURVEY INQUIRY

(continued)

Comments

Submission Instructions

Please e-mail this form to ooo.compliance@doa.ri.gov with subject line: Exit Interview For (YOUR AGENCY NAME). This is a confidential e-mail and all correspondence will be treated with the utmost care. If you are completing this form online, the form will be sent to our confidential e-mail upon pressing submit.

You may also mail this form to:

ODEO/State Equal Opportunity Office, One Capitol Hill, Providence, RI 02908