

Lake Sumter

COMMUNITY COLLEGE

Exit Survey

Completion of this form is optional

Employee Name: _____ Title: _____

Department: _____ Supervisor: _____

Date of Hire: _____ Separation Date: _____

Reason for Separation: _____

Did you receive a copy of your job description and was it discussed with you? Yes No

Did your duties reflect your job description? Yes No

If no, please explain:

Did you receive reasonable orientation/training in your position? Yes No

If no, please explain:

Do you have suggestions that may help LSCC to become a better work place?

Was your salary/benefits package satisfactory? Yes No

Comment:

Rate your overall working relations:

Co-workers: Excellent Good Fair Poor

Supervisor: Excellent Good Fair Poor

Comment:

Please return this form directly to the Human Resources Office. Thank you.