


GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER		
<b>TITLE:</b> Exit Surveys	<b>POLICY NO.:</b> AD-HR-19	Page 1 of 2
<b>RESPONSIBILITY:</b> Personnel Office; All employees		
<b>APPROVED BY:</b>  CARISSA PANGELINAN, DIRECTOR	<b>DATE OF ORIGINAL APPROVAL:</b> 9/13/2016	<b>LAST REVIEWED/REVISED:</b> 2/8/2024

## PURPOSE

To provide a procedure for conducting exit surveys on employees leaving Guam Behavioral Health and Wellness Center (GBHWC). To keep track of the employee turnover rate, reasons for leaving the organization, and to identify employment-related areas in need of improvement.

## POLICY

- A. GBHWC shall conduct a confidential exit survey for those employees who resign, retire, transfer, or are terminated from GBHWC.
  1. The exit survey will be available to be completed digitally or through paper means.
- B. Employees who resign, retire, transfer, or are terminated from GBHWC shall go through an exit process or administrative clearance.

## PROCEDURE

- A. Conducting the Exit Interview
  1. The Human Resources (HR) personnel assigned will conduct an exit survey to obtain and document separation information from the employee for quality improvement purpose. This includes:
    - i. The employee's reason for separation;
    - ii. Job satisfaction and morale;
    - iii. The employee's comments and opinions concerning working conditions, personnel management programs and practices, and suggestions for improvement.
- B. Reporting and Confidentiality
  1. Exiting employees will be assured of the confidentiality of the exit survey and that there will be:
    - i. No individual attribution of comments to his/her immediate supervisor or manager on the content of the survey without consent;
    - ii. No individual feedback to his/her co-workers without consent;
    - iii. No effect on future references or re-employment with GBHWC.
  2. The HR personnel assigned will compile information from the exit interviews as it relates to matters, opinions, or suggestions concerning the various aspects of GBHWC operations, work environment, and personnel practices.
  3. Suggestions and/or problem areas which are identified through the exit interview process will be reported quarterly to the Quality Improvement program in such a manner that the identity of the employee such information is kept confidential.

4. The HR personnel assigned shall compile and analyze responses from exit interviews for the Quality Improvement program and the Executive Management Committee.
  5. The HR personnel shall proceed aggregate information to the department heads pertaining to suggestions and/or problem areas (or significant positive accomplishments) discussed in the exit surveys.
  6. The HR personnel assigned will sign off on the employee's clearance checklist form upon completing the exit surveys.
- C. Employees
1. Employees who are ending employment with GBHWC will undergo an Exit Performance Evaluation with their immediate supervisor.
  2. Employees must pass through Human Resources for the administrative clearance process and shall complete an exit survey.
  3. The employee shall provide information if he/she wishes pertaining to the following for quality improvement purposes:
    - i. Working conditions
    - ii. Personnel policies and practices
    - iii. Observations of discriminations
    - iv. Efficiency and morale of their respective branch or section
    - v. Positive and negative aspects in GBHWC they have observed.

**ATTACHMENT(S):**

*F-AD-HR-19 Exit Survey Form*



last 650-10/24

**REVIEW AND ENDORSEMENT CERTIFICATION**

The signatories on this document acknowledge that they have reviewed and approved the following:

**Policy Title:** Exit Surveys  
**Policy No.:** AD-HR-19  
**Initiated by:** Personnel Office

Date	Signature
10/01/2024	
	Chris M. Duenas Personnel Office

Date	Signature
10/9/2024	
	Reina Sanchez, MA Clinical Administrator

Date	Signature
10/2/2024	
	Lynnette Arriola, MSW, LCSW, LPC, RPT™ Child-Adolescent Services Division Administrator

Date	Signature
10/15/2024	
	Leonora Urbano, MSN, APRN, PMHNP-BC Nursing Services Administrator

Date	Signature
10/1/24	
	Debbie Paulino Financial Management Branch

Date	Signature
10/21/2024	
	Luisa Tenorio Quality Improvement, Policy Management




**GUAM BEHAVIORAL HEALTH & WELLNESS CENTER**

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Date	Signature
10/23/04	

James Cooper-Nurse, Ph.D.  
Deputy Director



## EMPLOYEE EXIT SURVEY

GBHWC is requesting your cooperation in completing this short exit survey. In order to provide improvement in career development, recruitment, retention efforts, and training, we would appreciate you completing the following survey so that we might learn from your experiences of working with your respective program/section.

Please be assured that your responses will be held in strict confidence and will only be used for analyzing and reporting requirements. Please mark the appropriate box indicating if any of the following are main contributing factors in your decision to leave GBHWC.

Reasons for Leaving	
<input type="checkbox"/> Low salary	<input type="checkbox"/> Working hours
<input type="checkbox"/> Inadequate benefits	<input type="checkbox"/> Lack of career development
<input type="checkbox"/> Conflict with colleagues	<input type="checkbox"/> Lack of job satisfaction
<input type="checkbox"/> Conflict with supervisor	<input type="checkbox"/> Lack of prospects or career advancement
<input type="checkbox"/> Poor working environment	<input type="checkbox"/> Dislike for the department
<input type="checkbox"/> Commuting	<input type="checkbox"/> Rather not say
<input type="checkbox"/> Family/friend-related issues	<input type="checkbox"/> Lack of resources to do the job
<b>Other:</b>	

About the job – How strongly would you agree or disagree with the following statements:						
	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Cannot say
The job was challenging.						
The job was satisfying.						
The proper tools and equipment were provided.						
Sufficient training was provided.						
Your skills and experience were properly utilized.						

About your immediate supervisor – How strongly would you agree or disagree with the following statements:						
	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Cannot say
Your immediate supervisor was competent in his/her job.						
Your immediate supervisor assisted you in your job.						
Your immediate supervisor ensured that you had sufficient training.						
Your immediate supervisor was an effective manager.						



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You were able to communicate well with your immediate supervisor.						
You respected your immediate supervisor.						
You felt comfortable discussing problems you faced on the job with your immediate supervisor.						

**Your department – How strongly would you agree or disagree with the following statements:**

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Cannot say
The Department worked efficiently.						
The Department had sufficient personnel.						
The Department had sufficient tools & equipment.						
The Department worked well with other depts.						
The Department was lacking in funds to meet its mission.						

**Executive Management – How strongly would you agree or disagree with the following statements:**

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Cannot say
Executive Management was always fair.						
Executive Management was pro-active.						
Executive Management provided clear policies and guidelines.						
Executive Management was effective in addressing job-related issues.						
Executive Management was effective in addressing non-job-related issues.						
Executive Management provided encouragement.						
Executive Management always treated you with respect.						
Executive Management had an “open door” policy to discuss problems.						

**Comments**

Empty box for providing comments.

**POSITION TITLE: \*** \_\_\_\_\_

**DIVISION/PROGRAM NAME: \*** \_\_\_\_\_

**DATE:** \_\_\_\_\_

*\*Optional*

**Thank you for completing the survey and we wish you success in your future endeavors.**