

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

CIVIL SERVICE COMMISSION
OFFICE OF PERSONNEL MANAGEMENT
P.O. BOX 5153 CHRB SAIPAN MP 96950
TEL NOS. (670) 234-6925/6958/8036
FAX NO. (670) 234-1013



OPM Form	EMPLOYEE EXIT SURVEY
----------	----------------------

Name: _____ Position: _____

Department: _____ Division: _____

Hire Date: _____ End of Employment Date: _____

Reason for Leaving Government Service: Resignation Retirement Termination

1. Why did you seek employment with the CNMI Government?
2. Did you meet your goals?
3. Did you find job satisfaction? What did you gain out of your employment?
4. What improvements or changes in your department would you like to see?
5. What has been good/enjoyable/satisfying for you in your time with the CNMI Government?
6. What has been frustrating/difficult/upsetting to you in your time with the CNMI Government?
7. What could have been done to keep you as an employee?
8. Was your salary-- <input type="checkbox"/> High <input type="checkbox"/> Fair <input type="checkbox"/> Adequate <input type="checkbox"/> Low
9. Were your benefits-- <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

10. What additional or improved benefits would you recommend?

11. Would you recommend employment with the CNMI Government to a colleague/applicant seeking employment?

Yes No

12. Would you be willing to donate all or some of your unused sick leave to the Sick Leave Bank?

Yes, All unused sick leave hours Yes, Only _____ hours
(specify number of hours) No

13. Other comments:

Acknowledgement:

Employee Signature: _____ Date: _____

This box for OPM use only:

Reviewed by: _____ Date: _____ Cardex Date: _____

07.16.14

Thank you for taking the time to fill out this survey!