

INFORMATION MAY BE PROVIDED TO ADMINISTRATIVE OFFICIALS WITH A NEED TO KNOW THE RESPONSES YOU PROVIDE; OTHERWISE, THE INFORMATION WILL BE MAINTAINED AS CONFIDENTIAL.

BAYLOR UNIVERSITY  
FACULTY EXIT INTERVIEW  
(TO BE COMPLETED BY SEPARATING FACULTY)

|                                 |   |
|---------------------------------|---|
| Name: _____                     | Department: _____                       |
| Position Title: _____           | Chair or Dean: _____                    |
| Time in Current Position: _____ | Employment Dates: From: _____ To: _____ |

1. Please check any of the following which contributed to your decision to leave Baylor University:

- |  |   |
|--|---|
| <input type="checkbox"/> Better Job Opportunity          | <input type="checkbox"/> Family Circumstances |
| <input type="checkbox"/> Working Conditions/Environment  | <input type="checkbox"/> Health/Medical       |
| <input type="checkbox"/> Content of Work                 | <input type="checkbox"/> Returning to School  |
| <input type="checkbox"/> Salary                          | <input type="checkbox"/> Military Service     |
| <input type="checkbox"/> Benefits                        | <input type="checkbox"/> Self-Employment      |
| <input type="checkbox"/> Supervision                     | <input type="checkbox"/> Commuting Distance   |
| <input type="checkbox"/> Lack of Advancement Opportunity | <input type="checkbox"/> Relocation           |
| <input type="checkbox"/> Retirement                      | <input type="checkbox"/> Job Ended            |
| <input type="checkbox"/> Other (explain)                 | <input type="checkbox"/> Contract Not Renewed |

3. Please rate the following compensation/benefit provisions of the University:

|  | Excellent                | Good                     | Fair                     | Poor                     | No Opinion               |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Salary                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Holidays                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Health/Medical Insurance                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dental Insurance                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Long Term Disability                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Life Insurance                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Retirement Plan                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tuition Remission                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Other (explain) |                          |                          |                          |                          |                          |

4. Please rate communications in the following area:

|  | Excellent                | Good                     | Fair                     | Poor                     | No Opinion               |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| University policies and procedures         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| General orientation to the university      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Understanding of compensation and benefits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5. Were there any unprofessional experiences that occurred within your department of which Provost Office should be aware? Please comment:

6. What does your new job offer that your job at Baylor does not?

Comments:

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE