

HABERSHAM COUNTY BOARD OF COMMISSIONERS
EXECUTIVE SUMMARY

SUBJECT: New Exit Interview Policy and Procedure

DATE: May 6, 2021

(X) RECOMMENDATION

(X) POLICY DISCUSSION

BUDGET INFORMATION:

() STATUS REPORT

ANNUAL-

() OTHER

CAPITAL-

COMMISSION ACTION REQUESTED ON: May 17, 2021

PURPOSE: To obtain Commission approval of the new county-wide Exit Interview Policy and Procedure to be included in the Employee Handbook and Policy Guidelines.

BACKGROUND / HISTORY: The County is committed to recruiting and retaining a highly qualified workforce. As part of the strategy to determine the reason employees leave, the Human Resources Department has developed an Exit Interview process.

FACTS AND ISSUES:

1. This policy is created at the request of the Board of Commissioners.
 2. The County currently does not have a county-wide exit interview procedure in place as part of the separation process.
 3. The Human Resources Department will now conduct all confidential exit interviews as part of the separation procedures.
 4. Once Human Resources receives notification of separation from Department Directors, exiting employees will be invited to complete the Habersham County Exit Interview Questionnaire.
 5. Exiting employees will be given an opportunity to complete an exit interview by completing the questionnaire in hard-copy form, completing an online questionnaire, or having an in-person and/or virtual exit interview with the Human Resources Director (or designated team member).
 6. Individual responses to all exit interviews will be kept confidential by the Human Resources Department and will not become a part of the employee's personnel file.
 7. The results of all exit interviews will be consolidated into a report and presented to the Board of Commissioner as part of the monthly County Manager's Report.
 8. Once approved, this policy will be included in an update to our Employee Handbook and Policy Guidelines under section 46: Separation from Service.
 9. Please find attached a copy of the proposed Exit Interview Questionnaire.
 10. The proposed policy update is also attached.
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OPTIONS:

- 1) Approval of version _____ of the three proposed Exit Interview Policy and Procedure.
 - 2) Denial of all versions of the proposed Exit Interview Policy and Procedure.
 - 3) Commission defined alternative.
 - 4) Commission tabled until further notice.
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RECOMMENDED SAMPLE MOTION:

I make a motion to approve the _____ version of the new county-wide Exit Interview Policy and Procedure.

DEPARTMENT:

Prepared by: Vinitha Robinson, MPA, PHR
Human Resources Director

**ADMINISTRATIVE
COMMENTS:**_____

_____ **DATE:** _____

County Manager

SECTION 46: SEPARATION FROM SERVICE

An employee may be separated from the service of Habersham County by any of the following methods:

1) RESIGNATION

Generally, an employee shall submit to his/her supervisor written notice of voluntary resignation at least 14 days in advance of the date of resignation. Immediately upon receipt of such notice of resignation, the supervisor shall forward the same to the Department Director or designee and then to the Human Resources Department. Failure to comply with this regulation shall be entered on the service record of the employee and may result in a denial of re-employment. Habersham County does not have an obligation to honor a request to rescind a resignation once it has been accepted.

2) ABANDONMENT OF JOB

An employee who is absent from work for three consecutive working days without calling in to report the absence will be considered to have voluntarily abandoned his/her job.

3) LAYOFF/REDUCTION IN FORCE

Any involuntary separation not related to an employee's performance or conduct shall constitute a layoff or reduction in force. The duties previously performed by any laid-off employee may be reassigned to another employee holding a position in the appropriate job class. When a layoff is necessary, Department Directors shall provide the number and the names of the employees to be laid off to the Human Resources Director to ensure that such action is carried out orderly and equitably.

A) Reasons for Layoff/Reduction in Force

The County reserves the right to have a reduction in force due to:

- Economic reasons – shortage of funds, materials or work;
- Abolishment of a position;
- Material changes in the duties of a job or the organization; and/or
- Any other related reason that does not reflect dissatisfaction with the service of the employee.

B) Order of Layoff

Should it become necessary to reduce the number of employees, the Department Director shall furnish to the Human Resources Director the names and job titles of the employees to be laid off and the order in which such layoff shall be affected. Such employees shall be laid off on the basis of length of service with the county, length of service in class and performance appraisals for the last three years.

C) Special Cases

There may be cases when a Department Director might determine that the retention of a certain employee is essential to the efficient and effective operation of the department because the employee possesses special skills or abilities. A director wishing to retain an employee in

preference to another shall submit a written request to the Human Resources Director. Such notification shall set forth in detail the specific skills and abilities possessed by the employee to be retained and the reason why said employee is essential to the effective operation of the department. The final approval will rest with the County Manager or the authorized elected official.

D) Notice of Layoff to Employees

Employees to be laid off shall be notified in writing by the Department Director at least 14 days prior to the effective date of the layoff. As an alternative, the employee may be laid off without notice of 14 days if separation pay is provided.

E) Demotion in lieu of Layoff

Any regular employee scheduled to be laid off shall have the right to be demoted to a lower classification provided that a vacancy exists and such employee is qualified to fill the position in the lower classification.

4) LOSS OF REQUIRED CERTIFICATION OR LICENSE

Employees must maintain required licenses and certification, and failure to do so may result in disciplinary actions up to and including termination.

5) RETIREMENT

The retirement of an employee shall consist of the voluntary separation of an employee who has met the requirements under the provisions of the applicable pension plan.

6) DEATH

Separation will be effective on the date of death of an employee. All compensation due to deceased employee as of the effective date of separation shall be paid first to the surviving legal spouse of deceased employee. If there is no legal spouse, payment will go to the beneficiary as designated in the applicable executed documents, or lacking such documents, to the estate of the employee as may be determined by law.

7) TERMINATION

Once the recommendation to terminate an employee is made, the Department Director prepares all separation documents. These documents must be completed and reviewed by the Human Resources Director and the Department Director, preferably no later than the effective date of the termination or as soon as possible thereafter.

A) Pre-Termination Hearing Procedures:

- a. Determine the precise reason for termination
- b. Review previous documentation of warnings and employee counseling relevant to the reason for termination.

- c. Review the case with the Human Resources Director and, when appropriate, the County Manager.
- d. Pre-Termination Hearing:
 - Advise the employee in writing that you intend to terminate him/her; however, the employee must have the opportunity to respond to the Department Director's reasons for dismissal prior to being discharged.
 - Consider the employee's response.
 - Notify the employee of a decision.
 - Advise the employee in writing of the decision and of appeal rights.

Note: The above mentioned procedure is also used in cases of suspension without pay.

B) Termination Procedures for Job Abandonment:

- a. Review the case with the Human Resources Director and, when appropriate, the County Manager.
- b. Send a letter advising the employee that it is the intent to proceed with termination unless a response is received from him/her within five days after sending the letter.
- c. If the employee responds, advise him/her of your intention to terminate employment and give him/her the opportunity to respond.
- d. If no response is received within five days after the initial letter, follow up with letter of termination. Advise the employee of appeal rights.

8) RETURN OF PROPERTY

Employees must return all Habersham County property immediately upon request or upon termination of employment. Habersham County may also take all action deemed appropriate to recover or protect its property.

9) EXIT INTERVIEWS

Additionally, all exiting employees may complete a brief exit interview prior to leaving. Your individual responses are treated as confidential and will not become part of your personnel file. While certain information is shared at the Administrative level, identifying information is not shared.



Habersham County Board of Commissioners
HUMAN RESOURCES DEPARTMENT
130 Jacob's Way, Suite 303 · Clarkesville, GA 30523 · (706) 839-0214

CONFIDENTIAL EXIT INTERVIEW QUESTIONNAIRE

We appreciate you taking a few minutes to answer the following questions as honestly as possible. Your individual responses are treated as confidential and will not become part of your personnel file. While certain information is shared at the Administrative level, identifying information is not shared.

We believe that the information is of vital importance and will assist in analyzing our employee retention and turnover. Thank you in advance for your response.

Name: _____ Supervisor: _____

Department: _____ Job Title: _____

Date of Hire: _____ Date of Separation: _____

Employment Status: ☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Seasonal

Reason for Separation: ☐ Voluntary ☐ Involuntary

1. Which of the following reasons led to your decision to leave your current position? (Check all that apply)

- | | |
|---|---|
| ☐ Better Pay | ☐ Family Circumstances |
| ☐ Better Benefits | ☐ Relocation/Commute |
| ☐ Better Job Opportunity | ☐ Supervision |
| ☐ Career Change | ☐ Work Environment |
| ☐ Returning to School | ☐ Other _____ |

2. What recommendation would you make to improve the training of the next employee coming into your position?

3. What improvements can you suggest to your division/department?

4. What improvements can you suggest to your job (to make it easier, more challenging, and more interesting)?

Please rate your level of agreement with the following statements regarding your job with Habersham County.
(Strongly Agree = SA, Agree = A, Disagree = D, Strongly Disagree = SD)

	SA	A	D	SD	Comment:
My position duties and responsibilities were clearly defined.					
I received the proper training in order to perform my job effectively.					
Provided resources and support necessary to perform my job effectively.					
Provided regular and helpful feedback and performance evaluations.					
My workload allowed me to do a quality job.					
I was satisfied with my position.					

Please rate your level of agreement with the following statements regarding Management of Habersham County.
(Strongly Agree = SA, Agree = A, Disagree = D, Strongly Disagree = SD)

	SA	A	D	SD	Comment:
Considered me a valuable member of the department.					
If I had questions or concerns, I felt comfortable speaking with upper management.					
If I had questions or concerns, I felt comfortable speaking with Human Resources.					
Demonstrated fair and equal treatment to all employees.					
I was kept well-informed of policies and procedures and other important information.					
Resolved complaints and problems.					
Followed policies and practices fairly and consistently.					
My supervisor treated me with respect.					

Please rate your level of agreement with the following statements regarding your department at Habersham County.
(Strongly Agree = SA, Agree = A, Disagree = D, Strongly Disagree = SD)

	SA	A	D	SD	Comment:
My department worked well together.					
Other departments pitched in to help each other.					
The attitude of employees towards Habersham County was positive.					
Overall, I enjoyed working in the department.					

5. Before deciding to leave, did you investigate other options that would enable you to stay? Yes ☐ No ☐

If yes, please describe:

6. How likely are you to recommend Habersham County as a place to work, with 1 being, "Not at all likely," and 10 being "Extremely likely"? (Please select one)

1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

7. What actions can be taken to make the County a better place to work? (Check all that are applicable)

- | | |
|--|--|
| ☐ Benefits | ☐ Opportunities/Advancement |
| ☐ Change culture | ☐ Pay |
| ☐ Change management | ☐ Provide more education |
| ☐ Improve communication | ☐ Staffing |

8. Please rate the following benefits: (Please rate each benefit below)

	Excellent	Good	Fair	Poor	N/A
Medical Coverage					
Dental Coverage					
Vision Coverage					
Time Off (Leave)					
Pension Plan					
457 Deferred Comp					

9. Are there any other comments you would like to make? Yes ☐ No ☐ If yes, please comment:

PRINT NAME

DATE

EMPLOYEE SIGNATURE

Thank you for taking the time to complete the exit interview questionnaire and providing Habersham County with your valuable feedback. We wish you much success with your future endeavors.

Exit Interview Questions

1) Why Did You Start Looking For Another Job?

2) Why Are You Leaving?

3) What Does Your New Position Offer That Influenced Your Decision To Leave?

4) What Could We Have Done Better?

5) Would You Ever Consider Returning To This Organization?

6) What Could We Have Done To Keep You Here?

7) Did You Feel Equipped To Do The Job Here?

8) Were You Comfortable Talking To Your Supervisor?

9) What Things Could Your Supervisor Have Done Better?

10) How Would You Describe Our Organizations Culture?

11) Did You Share Your Concerns With Anyone?

12) Did You Feel Like A Valuable Part Of The Organization?

13) Did You Have All The Tools You Needed To Succeed At Your Job?

14) Do You Feel Your Job Description Changed Since You Were Hired? How?

15) What Qualities Do You Think We Should Look For In Your Replacement?

16) What Was The Best Part Of Your Job?

17) What Was The Worst Part Of Your Job?

18) What Was Your Best Day On The Job Like?

19) What Was Your Worst Day On The Job Like?.

20) How Would You Improve Employee Morale?

21) Were You Given Clear Goals And Objectives?

22) Did You Receive Feedback To Help You Improve?

23) What Would You Change About Your Job?

24) Would You Recommend Our Organization To A Friend Looking For A Job?

25) How Can We Improve Our Training And Development?

26) Would You Provide Specific Examples?

27) Do You Have Any Other Issues Or Comments You'd Like To Address?

[illegible]



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We believe that the information is of vital importance and will assist in analyzing our employee retention and turnover. Thank you in advance for your response.

Name: _____ Supervisor: _____

Department: _____ Job Title: _____

Date of Hire: _____ Date of Separation: _____

Employment Status: ☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Seasonal

Reason for Separation: ☐ Voluntary ☐ Involuntary

1. Which of the following reasons led to your decision to leave your current position?

2. What recommendation would you make to improve the training of the next employee coming into your position?

3. What improvements can you suggest to your division/department?

4. What improvements can you suggest to your job (to make it easier, more challenging, and more interesting)?

Below are several statements about your job. Please write Agree in the comment section or write any comments you would like to make about your job.

	Comment:
My position duties and responsibilities were clearly defined.	
I received the proper training in order to perform my job effectively.	
Provided resources and support necessary to perform my job effectively.	
Provided regular and helpful feedback and performance evaluations.	
My workload allowed me to do a quality job.	
I was satisfied with my position.	

Below are several statements about your management team. Please write Agree in the comment section or write any comments you would like to make about management.

	Comment:
Considered me a valuable member of the department.	
If I had questions or concerns, I felt comfortable speaking with upper management.	
If I had questions or concerns, I felt comfortable speaking with Human Resources.	
Demonstrated fair and equal treatment to all employees.	
I was kept well-informed of policies and procedures and other important information.	
Resolved complaints and problems.	
Followed policies and practices fairly and consistently.	
My supervisor treated me with respect.	

Below are several statements about your department. Please write Agree in the comment section or write any comments you would like to make about your department.

	Comment:
My department worked well together.	
Other departments pitched in to help each other.	
The attitude of employees towards Habersham County was positive.	
Overall, I enjoyed working in the department.	

5. Before deciding to leave, did you investigate other options that would enable you to stay? Yes ☐ No ☐

If yes, please describe:

6. How likely are you to recommend Habersham County as a place to work, with 1 being, "Not at all likely," and 10 being "Extremely likely"? (Please select one)

1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Comments:

7. What actions can be taken to make the County a better place to work?

8. Please rate the following benefits: (Please rate each benefit below)

	Excellent	Good	Fair	Poor	N/A
Medical Coverage					
Dental Coverage					
Vision Coverage					
Time Off (Leave)					
Pension Plan					
457 Deferred Comp					

PRINT NAME

DATE

EMPLOYEE SIGNATURE

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4. What improvements can you suggest to your job (to make it easier, more challenging, and more interesting)?

5. Below are several statements about your job. Please write in the comment section any observations you would like to make about your job.

a. My position duties and responsibilities were clearly defined.

b. I received the proper training in order to perform my job effectively.

c. I was provided resources and support necessary to perform my job effectively.

d. I was provided regular and helpful feedback and performance evaluations.

e. My workload allowed me to do a quality job.

f. I was satisfied with my position.

6. Below are several statements about your management team. Please write in the comment section any observations you would like to make about your management team.

a. Management considered me a valuable member of the department.

b. If I had questions or concerns, I felt comfortable speaking with upper management.

c. If I had questions or concerns, I felt comfortable speaking with Human Resources.

d. Management demonstrated fair and equal treatment to all employees.

e. I was kept well-informed of policies and procedures and other important information.

f. My supervisors and directors resolved complaints and problems promptly.

g. My department director followed policies and practices fairly and consistently.

h. My supervisor treated me with respect.

7. Below are several statements about your department. Please write in the comment section any observations you would like to make about your department.

a. All employees in my department worked well together.

b. Other departments pitched in to help each other.

c. The attitude of employees towards Habersham County was positive.

d. Overall, I enjoyed working in the department.

8. Before deciding to leave, did you investigate other options that would enable you to stay? Yes ☐ No ☐

If yes, please describe:

9. How likely are you to recommend Habersham County as a place to work, with 1 being, “Not at all likely,” and 10 being “Extremely likely”? (Please select one)

1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

10. What actions can be taken to make the County a better place to work?

11. Please rate the following benefits by placing an X in the appropriate box:

	Excellent	Good	Fair	Poor	N/A
Medical Coverage					
Dental Coverage					
Vision Coverage					
Time Off (Leave)					
Pension Plan					
457 Deferred Comp					

PRINT NAME

DATE

EMPLOYEE SIGNATURE