



### Employee Separation Questionnaire

Human Resources would appreciate your completion of this questionnaire. Your feedback is valuable as it helps us evaluate the programs and experiences at the County.

If you are unable to complete and return the form on or before last day of work, please return via e-mail to [HumanResources@deschutes.org](mailto:HumanResources@deschutes.org).

**To return by US Mail:**

Deschutes County  
Attention: Human Resources Department  
PO Box 6005  
Bend OR 97708-6005

Name	Department
Job Title	Supervisor's Name
Hire Date	Separation Date
<b>Type of Termination:</b>	Other

*Select one*

**Why are you leaving your position with Deschutes County?** *Limit 740 characters - use separate sheet if needed*

**How do you feel about the job you are leaving? What part of your job was the most satisfying? What did you like least about it?** *Limit 740 characters - use separate sheet if needed*

**Was your workload:**

*Select one*

**How do you feel about your rate of pay?** *Limit 740 characters - use separate sheet if needed*

**How do you feel about your supervisor?** *Limit 740 characters - use separate sheet if needed*

**How do you feel about your Department/Office Head?** *Limit 740 characters - use separate sheet if needed*

**What did you like best about the County?** *Limit 740 characters - use separate sheet if needed*

**What did you like least about the County?** *Limit 740 characters - use separate sheet if needed*

Email Address:

Employee Signature:

Date:

*MM/DD/YYYY*