



NEW MEXICO CORRECTIONS DEPARTMENT

Secretary
Alisha Tafoya Lucero

CD-034200 Employee Exit Survey	Issued: 03/31/89 Effective: 03/31/89	Reviewed: 4/24/26 Revised: 03/04/15
Alisha Tafoya Lucero, Cabinet Secretary		<i>Original Signed and Kept on File</i>

AUTHORITY:

NMSA 1978, Section 33-1-6, as amended.

REFERENCE:

None

PURPOSE:

Establish guidelines for the collection of data on employee turnover rates for Corrections Department employees.

APPLICABILITY:

New Mexico Corrections Department employees.

FORMS:

Exit Survey Questionnaire form (*CD-034201.1*) (4 Pages)

DEFINITIONS:

Exit Interview: Interview of departing employees, just before they leave to learn the reasons for the employee's departure and help with organizational improvement and knowledge transfer.

POLICY:

- A. Data shall be collected on all employees who are separating from employment with the Department or changing jobs within the Department from one division to another.
- B. The data will be used to determine separation/ transfer rates and the causes of turnover that are specific to the Department.
- C. All agency human resource administrators shall be responsible for incorporating the Corrections Department Exit Survey into their existing "check-out"/transfer procedures; and they will be responsible for ensuring that copies of this policy are available to all supervisory and non-supervisory personnel within their facility or organizational unit.
- D. An exit interview will be conducted by the Division Director, Warden, Regional Manager or their Deputy to determine and report reasons for separation.



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AUTHORITY:

Policy *CD-034200*

PROCEDURES:

- A. When an employee with the Corrections Department is separating from a division of the Department, for whatever reason, the following will apply:
 1. The Division Director, Warden, Regional Manager or their Deputy will conduct an exit interview with the employee to determine the reason for the separation. The reason for separation will be reported to the Central Office Human Resources Bureau with a monthly separation report.
 2. The Human Resources Administrator of the division or institution will be responsible for providing the employee with a copy of the **Exit Survey Questionnaire** form (*CD-034201.1*).
- B. The departing or transferring employee should be provided with a self-addressed envelope. They should be instructed to complete the form, place it in the envelope, seal it, and give it to the Human Resources Administrator. Or the employee may choose to complete the form at a later date and mail it in. The questionnaires should be mailed to the Human Resources Bureau. Then, the Human Resources Bureau will turn over the survey to the Retention Officer. The employee may remain anonymous, if desired.
- C. The Retention Officer will be responsible for analyzing the data on employee turnover rates and causes. The data will be used to compile a statistical report to be submitted to the Secretary of Corrections on a quarterly basis.

NEW MEXICO CORRECTIONS DEPARTMENT
Exit Survey Questionnaire

Please answer the following questions as honestly as possible. Your responses will be used to help detect problems within the organizational structure of the New Mexico Corrections Department, and to arrive at solutions to these problems.

Job Title: _____ Supervisory () Non-Supervisory ()
Facility/Division: _____

1. Dates of Employment with the Corrections Department? _____ to _____.
2. How long have you been in your present position? _____.
3. Were your job duties clearly explained to you at the time you were hired?
[] Yes [] No Comments: _____.
4. What is your reason for leaving? _____.

CONTRIBUTING FACTORS TO SEPARATION:

(If more than one rank 1, 2, 3, etc., a rank of 1 being the main reason).

CAREER MOVEMENT

- ___ Within Corrections Department
- ___ To Other State Agency
- ___ Out of State Government
- ___ Other Correctional Organization
- ___ Retirement
- ___ Military Service
- ___ Self-Employment
- ___ Better Job Opportunity
- ___ Return to School

OTHER CONSIDERATIONS

- ___ Illness or Physical Condition
- ___ Moving from Area
- ___ Family Problems
- ___ Child Care Problems
- ___ Housing Accommodations
- ___ Commuting Distance

WORK/WORK ENVIRONMENT

- ___ Job Stress
- ___ Type of Work No Longer Desirable
- ___ Too Much Overtime Required Facility/Unit
- ___ Shift Work Undesirable
- ___ Threats from Inmates/Clients (Verbal or Implied)

- ___ Salary
- ___ Fringe Benefits (i.e. Leave, etc.)
- ___ Lack of Advancement Opportunities
- ___ Lack of Support from Supervisor

SUPERVISION/ADMINISTRATION

- ___ Philosophical Differences
- ___ Disagree with Operation of
- ___ Have Not Been Treated Fairly
- ___ Lack of Policies/Procedures
- ___ Lack of Training

- ___ Poor Supervision

NEW MEXICO CORRECTIONS DEPARTMENT
Exit Survey Questionnaire
 (Continued)

5. How do you rate the following areas, if applicable to you?

	Excellent	Good	Fair	Poor	Does Not Apply
A. Salary for Your Job	___	___	___	___	___
B. Holidays/Leave	___	___	___	___	___
C. Equipment or Uniforms Provided	___	___	___	___	___
D. Work Hours	___	___	___	___	___
E. Promotional/Transfer Opportunities	___	___	___	___	___
F. Performance Evaluation System	___	___	___	___	___
G. On-the-Job Training	___	___	___	___	___
H. Professional/Technical Training	___	___	___	___	___
I. Cooperation from Fellow Workers	___	___	___	___	___
J. Cooperation from Departmental Staff	___	___	___	___	___
K. Cooperation from Other Agencies	___	___	___	___	___
L. Morale in Your Facility/ Work Unit/Area Office	___	___	___	___	___

6. How would you rate your supervisor in the following areas?

	Almost Always	Usually	Sometimes	Never
A. Evaluated Your Performance	___	___	___	___
B. Demonstrated Fair/Equitable Treatment	___	___	___	___
C. Encouraged Feedback, Welcomed Suggestions	___	___	___	___
D. Communicated Well with You	___	___	___	___
E. Resolved Complaints/Grievances/Problems	___	___	___	___
F. Provided Recognition for Good Work	___	___	___	___

7. What type of training did you receive from the Corrections Academy? (If not applicable, GO TO Question 8)

Check all that apply:

- ___ Basic Correctional Officer Course
- ___ Sergeant Course
- ___ Mid-Level Supervisor (Lt/Capt)
- ___ Drug Awareness
- ___ Other: _____

- ___ Top Management Training (Warden/Major)
- ___ Special Training:
 - ___ PPO
 - ___ Classification Officer

NEW MEXICO CORRECTIONS DEPARTMENT
Exit Survey Questionnaire
(Continued)

A. Which statement most accurately describes the training you received:

- I feel I received an adequate amount of training
- I feel I needed more training in (list area): _____
- I feel I needed less training in (list area): _____

B. Overall, how would you rate the training you received from the Corrections Academy?
(Circle one):

Excellent Good Fair Poor

8. What types of in-service training did you receive? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Basic Orientation Course | <input type="checkbox"/> Others (please specify) |
| <input type="checkbox"/> Weapons | _____ |
| <input type="checkbox"/> Special Management/Supervisory Training | _____ |
| <input type="checkbox"/> First Aid/CPR | _____ |
| <input type="checkbox"/> Use of Force | _____ |
| <input type="checkbox"/> Report Writing | _____ |

A. Which statement most accurately describes the training you received:

- I feel I received an adequate amount of training
- I feel I needed more training in (list area): _____
- I feel I needed less training in (list area): _____

B. Overall, how would you rate the in-service training you received? (Circle one)

Excellent Good Fair Poor

9. How would you rate future employment with this Department:

- I would return and would recommend it to my friends.
- I would consider returning under certain conditions.
Please specify: _____
- I probably would not seek reemployment with the Department.
- I definitely would not return or recommend it to others.

NEW MEXICO CORRECTIONS DEPARTMENT
Exit Survey Questionnaire
(Continued)

10. General Comments: _____

Unless authorized by your signature below, your answers are strictly confidential. The answers you give will be grouped with the answers of other employees, and no individual person will be identified in any report. Unless otherwise authorized below, no one is authorized to see this form except the Secretary of the Corrections Department or a designee, and the Human Resources Bureau.

PLEASE READ THE STATEMENT ABOVE BEFORE SIGNING

I authorize the release of this form for review by management at the division office, institution, facility, or area office to which I was assigned.

Incumbent's Signature

Date