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:

All employees of the New Mexico Corrections Department.

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 his/her Deputy to determine and report reasons for separation.

David Jablonski, Secretary of Corrections
New Mexico Corrections Department

04/30/18
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 his/her 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 employee with a copy of the Exit Survey Questionnaire form (CD-034201.1).

B. The departing or transferring employee should be provided 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.

______________________________
David Jablonski, Secretary of Corrections
New Mexico Corrections Department

04/30/18
Date
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?

<table>
<thead>
<tr>
<th>Area</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Does Not Apply</th>
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</thead>
<tbody>
<tr>
<td>A. Salary for Your Job</td>
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<td>B. Holidays/Leave</td>
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<td>C. Equipment or Uniforms Provided</td>
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<td>D. Work Hours</td>
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<td>E. Promotional/Transfer Opportunities</td>
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<td>F. Performance Evaluation System</td>
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<td>G. On-the-Job Training</td>
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<td>H. Professional/Technical Training</td>
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<td>I. Cooperation from Fellow Workers</td>
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<td>J. Cooperation from Departmental Staff</td>
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<td>K. Cooperation from Other Agencies</td>
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<td>L. Morale in Your Facility/Work Unit/Area Office</td>
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6. How would you rate your supervisor in the following areas?

<table>
<thead>
<tr>
<th>Area</th>
<th>Almost Always</th>
<th>Usually</th>
<th>Sometimes</th>
<th>Never</th>
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<tbody>
<tr>
<td>A. Evaluated Your Performance</td>
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<td>B. Demonstrated Fair/Equitable Treatment</td>
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<td>C. Encouraged Feedback, Welcomed Suggestions</td>
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<td>D. Communicated Well with You</td>
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<td>E. Resolved Complaints/Grievances/Problems</td>
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<td>F. Provided Recognition for Good Work</td>
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</table>

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   ___ Top Management Training (Warden/Major)
___ Sergeant Course                    ___ Special Training: PPO
___ Mid-Level Supervisor (Lt/Capt)     ___ Classification Officer
___ Drug Awareness                     ___ Other: ____________________

___ 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)
   __ Basic Orientation Course   __ Others (please specify)
   __ Weapons
   __ Special Management/Supervisory Training
   __ First Aid/CPR
   __ Use of Force
   __ 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: __________________________________________

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
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_________________________________________________________________

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