 <p><b>CD-034200</b></p>	<h1>NEW MEXICO CORRECTIONS DEPARTMENT</h1> <p><i>"We commit to the safety and well-being of the people of New Mexico by doing the right thing, always."</i>  <b>C</b>ourage <b>R</b>esponsibility <b>E</b>thics <b>D</b>edication - <b>CRED</b>ibly serving the public safety of New Mexico</p>	
	<b>ISSUE DATE:</b> <b>03/31/89</b>	<b>REVIEWED:</b> <b>04/30/18</b>
	<b>EFFECTIVE DATE:</b> <b>03/31/89</b>	<b>REVISED:</b> <b>03/04/15</b>
<b>TITLE:   Employee Exit Survey</b>		

**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.




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David Jablonski, Secretary of Corrections  
New Mexico Corrections Department

04/30/18


Date

 <p><b>CD-034201</b></p>	<h2 style="text-align: center;">NEW MEXICO CORRECTIONS DEPARTMENT</h2> <p style="text-align: center;"><i>"We commit to the safety and well-being of the people of New Mexico by doing the right thing, always."</i></p> <p style="text-align: center;">Courage <b>R</b>esponsibility <b>E</b>thics <b>D</b>edication - <b>CRED</b>ibly serving the public safety of New Mexico</p>	
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	<b>TITLE:   Employee Exit Survey</b>	

**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?

	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: \_\_\_\_\_  
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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