STATE OF CALIFORNIA
CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY
CALIFORNIA AIR RESOURCES BOARD

EXITING/TRANSFERABLE CARB EMPLOYEE QUESTIONNAIRE

The California Air Resources Board (CARB) values your comments regarding your work environment. All employees exiting or transferring within CARB are highly encouraged to participate in this questionnaire. Your input will provide valuable information in an effort to continuously improve employment practices, provide a positive and proactive work environment, and heighten employee satisfaction of CARB. The data obtained in this form will be used for these purposes only. Be assured that the information you provide will be kept strictly confidential to the fullest extent possible.

All exiting or transferring CARB employees may also participate in an exit interview with the Equal Employment Opportunity (EEO) Officer or with any CARB supervisor or manager of his/her choice.

Return this completed questionnaire in a confidential envelope to CARB, EEO Officer, Administrative Services Division, P.O. Box 2815, Sacramento, California 95812. For more information regarding this form, or to request an exit interview with the EEO Officer, call (916) 323-7503.

GENERAL BACKGROUND

Classification:	Date of Separation:		
Ethnic Group/Race:	Age Group:		
Former Supervisor's Name:	Gender:	☐ Male	☐ Female
Do you have a Disability?		☐ Yes	☐ No

INDICATE LENGTH OF SERVICES AT EACH OF THE FOLLOWING

Division/Unit:	CARB:	Total of State Service:

INDICATE THE MAIN REASON FOR SEPARATION OR TRANSFER

WHEN FIRST HIRED AT CARB

Did you participate in New Employee Orientation?	☐ Yes	☐ No
Did you receive a Duty Statement?	☐ Yes	☐ No
Were your duties clearly explained?	☐ Yes	☐ No

DURING YOUR EMPLOYMENT WITH CARB

Did you receive comprehensive performance evaluations?	☐ Yes	☐ No
Did you complete a yearly Individual Development Plan?	☐ Yes	☐ No
Were CARB objectives, policies, and procedures explained?	☐ Yes	☐ No
What did you like most about working at CARB?		
What did you like least about working with CARB?		

EXITING/TRANSFERABLE CARB EMPLOYEE QUESTIONNAIRE

HOW WOULD YOU RATE YOUR SUPERVISOR/MANAGER ON THE FOLLOWING?

Topic	Excellent	Standard	Poor
Provided timely and effective evaluations:	☐	☐	☐
Provided meaningful work assignments:	☐	☐	☐
Provided clear direction:	☐	☐	☐
Applied CARB policies and procedures:	☐	☐	☐
Demonstrated equitable treatment:	☐	☐	☐
Encouraged and listened to suggestions:	☐	☐	☐
Set clear expectations and standards:	☐	☐	☐
Resolved complaints and problems appropriately:	☐	☐	☐
Developed cooperation and teamwork:	☐	☐	☐
Planned and scheduled work assignments effectively:	☐	☐	☐
Provided opportunities for training and development:	☐	☐	☐

HOW WOULD YOU RATE YOUR WORKING CONDITIONS?

Topic	Excellent	Standard	Poor
Work space/ facility conditions:	☐	☐	☐
Safety on the job:	☐	☐	☐
Workload:	☐	☐	☐
Professionalism in the workplace:	☐	☐	☐
Effective communication within/between Divisions/Units:	☐	☐	☐
Availability of resources to adequately perform duties:	☐	☐	☐

INFORMATION ON EQUAL EMPLOYMENT OPPORTUNITY ISSUES

Did you separate or transfer because of reasons you believe involved discrimination a hostile work environment, and or/ retaliation? If so, tell us what happened? (Attach additional sheet).

☐ Yes ☐ No

Did you file a complaint with CARB or any other state or federal agency?

☐ Yes ☐ No

Did you request reasonable accommodation at any time during your employment with CARB? If so, indicate and briefly explain outcome?

☐ Yes ☐ No

EXITING/TRANSFERABLE CARB EMPLOYEE QUESTIONNAIRE

Do you feel CARB policies, rules, regulations, and employee activities were communicated timely and applied consistently and equitably? If not, how can communication be improved? If so, state them. (Attach additional sheet). ☐ Yes ☐ No
Did you encounter any problems of a personal nature that were work related? If so, state them. (Attach additional sheet). ☐ Yes ☐ No
What is your understanding/opinion of CARB's EEO Program?
What recommendations do you have for improving the EEO Program?

ADDITIONAL COMMENTS AND/OR SUGGESTIONS?

Do you have additional comments and/or suggestions? If so, attach a separate sheet. ☐ Yes ☐ No	
Do you wish to discuss your comments in more detail with the EEO Officer? ☐ Yes ☐ No	
May the EEO Officer contact you in more detail? If so, list below how we may best contact you. ☐ Yes ☐ No	
Name:	
Address:	
Telephone Number:	Email address: