LEAVING UNC
As your journey here ends...
Leaving UNC-Chapel Hill: Employee Exit Checklist

(To be completed by School/Division HR Office and employee)

**Employee Name:**

**Reason for Departure:**

**Department Name:**

**Date of Exit:**

The following checklist is provided to assist all UNC-Chapel Hill employees with the exit process. Employees leaving the University should be aware of their benefits and rights. In addition, departing employees have an obligation to return all University property assigned to them and to settle any outstanding accounts. Please contact your School/Division HR Office if you have any questions during the exit process. (Items on the checklist may not apply to all employees.)

You should review the “Leaving the University” package before making any decisions.

<table>
<thead>
<tr>
<th><strong>Employee’s Responsibilities</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide written notice of departure</td>
<td>Done</td>
</tr>
<tr>
<td>Return keys</td>
<td></td>
</tr>
<tr>
<td>Return UNC OneCard</td>
<td></td>
</tr>
<tr>
<td>Return any other University property (purchasing card, laptop, uniforms, lab equipment, etc.)</td>
<td></td>
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<tr>
<td>Update home address information in online directory if moving</td>
<td></td>
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<tr>
<td>Settle any miscellaneous debts or fines</td>
<td></td>
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<tr>
<td>Return parking permit to Transportation &amp; Parking</td>
<td></td>
</tr>
<tr>
<td>Decide what actions to take regarding benefits termination or continuation and initiate necessary requirements within stated deadlines.</td>
<td></td>
</tr>
<tr>
<td>Exit Interview Questionnaire completed and submitted to School/Division HR Office</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>School/Division HR Offices</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Initiate termination workflow in Connect Carolina</td>
<td></td>
</tr>
<tr>
<td>Remove employee’s name from authorized signature lists</td>
<td></td>
</tr>
<tr>
<td>Terminate access to University systems (Connect Carolina)</td>
<td></td>
</tr>
<tr>
<td>Audit leave balances (vacation, sick, bonus, compensatory time)</td>
<td></td>
</tr>
<tr>
<td>Exit Interview Questionnaire given and completed by employee</td>
<td></td>
</tr>
</tbody>
</table>
When your employment ends at UNC-Chapel Hill, your eligibility for benefits will also change. Please take the time to examine this important information.

If you have questions, please contact your Benefits Consultant at 919-843-2300.

Important Information About Pay and Benefits

Your final check will be directly deposited into your bank account according to the normal payroll calendar. Contact your School/Division HR Office to change your direct deposit information. You can create a Guest ID to gain access to ConnectCarolina Self Service to access your paystubs, including your final check. Directions to create a Guest ID are available here: go.unc.edu/guest-ids.

To find your department’s School/Division HR Office or to locate their contact information, visit go.unc.edu/hr-officers.

Tax Withholding (W-2)

The University will send your Tax Withholding Statement (Form W-2) to your home address by Feb. 1 of the year following the end of your employment. Please ensure your correct address is reflected in ConnectCarolina Self-Service. Alternatively, you can create a Guest ID and gain access to your W-2 online using ConnectCarolina Self Service. Directions to create a Guest ID are available here: go.unc.edu/guest-ids. Contact Payroll Services at 919-962-0046 if you have any questions, or if you need to request a duplicate Form W-2.

Forwarding Address

If needed, you can update your home address in ConnectCarolina by creating a Guest ID and using the Personal Information link in ConnectCarolina Self Service. Directions to create a Guest ID are available here: go.unc.edu/guest-ids.

Vacation Leave Payout

The maximum vacation leave payout for SHRA employees is 240 hours (pro-rated for part-time employees).

SHRA employees who leave employment as a result of a reduction in force (i.e. layoff) will forfeit any vacation leave in excess of 240. However, if, you return to state employment in a SHRA permanent appointment (regularly scheduled for 20 or more hours per week) within one year of your layoff separation date, the vacation hours in excess of 240 will be reinstated.
For **EHRA non-faculty** employees who have been employed a total of 24 months or less by one or more State or local governmental agencies, vacation leave payout is equal to one day for each month worked, less the number of days of vacation leave taken during the employment period. For EHRA non-faculty employees employed for more than 24 months by one or more State or local governmental agencies, the employee may elect to take all or part of unused annual leave prior to discontinuation of employment up to 30 days (maximum of 240 hours pro-rated for part-time employees).

The employee may also elect to be paid in a lump sum for any accrued annual leave that is unused as of the date of discontinuation up to the maximum of 30 days. Vacation and/or bonus leave hours may be deferred to a supplemental retirement savings plan (401k, 403b and/or 457). Payouts are pro-rated for part-time employees.

**Faculty** do not receive vacation leave or bonus leave payouts. Unused vacation, bonus or sick leave may be donated to employees who have been approved for the voluntary shared leave program.

Contact UNC Benefits & Leave Administration at 919-843-2300 for more information.

**Bonus Leave Payout**

EHRA Non-Faculty and SHRA employees who have certain bonus leave balances and are leaving state service are paid in a lump sum for the unused bonus leave. Bonus leave pay is included in their final paycheck. Faculty do not receive a payout of bonus leave. **Sick Leave**

Unused accumulated sick leave is not paid upon departure. Unused accumulated sick leave is reinstated if you return to state employment as a permanent employee regularly scheduled to work 20 hours or more per week within five years of the last date of eligibility to earn leave. Unused accumulated sick leave is reported to the Retirement System (TSERS plan participants only) for additional credit if your retirement effective date is within five years of the termination of your employment. **Prorated Longevity Pay**

If you are an SHRA employee and are eligible for longevity pay, then you will receive a prorated amount based on the date of your departure from the University. This pay is direct deposited to your specified bank account.

**Payment for Parking Permit**

If you have a payroll deduction for a University parking permit, you should return the permit to your Department Parking Coordinator or directly to the Department of Public Safety. Failure to return the permit will result in a lump-sum deduction for the remaining balance from your final paycheck.

**Email Account Forwarding**

If you have an Onyen and email account at the University, your access to email will end effective the day after your last day of active employment at UNC. This does not apply to retirees, who will still have access to their email accounts.
**UNC OneCard**

Upon departure from the University, return your card to either the UNC OneCard Office or your School/Division HR Office. Your card number will be deactivated.

**Gym and Pool Privileges**

After you leave the University, you are no longer eligible to participate in gym or pool activities.

**Unemployment Insurance**

To apply for unemployment insurance benefits, visit the Employment Security Commission web site at ncesc.com or call 877-841-9617.

**Medical Plan**

*State Health Plan*

You and your covered dependents can elect to continue your health insurance coverage through COBRA for up to 18 months immediately following the termination of your coverage. Spouses and dependent children can elect to continue their coverage even if the employee does not.

You will be responsible for paying the full cost of the monthly premium, plus a two percent administrative fee. Premiums are paid one month in advance for coverage and are paid to iTEDIUM, the State Health Plan’s COBRA vendor.

If an employee terminates between the first and fifteenth day of the month, their medical coverage will end on the last day of the month in which the employee’s employment ends.

- Example: Employee termination date is 9/13/2019, medical coverage will end on 9/30/2019.

If the employee terminates between the sixteenth and last day of the month, their coverage will terminate on the last day of the month following the month their employment ends.

- Example: Employee terminates on 9/20/2019, medical coverage will end on 10/31/2019. To determine the date your coverage will end, please contact UNC Benefits at 919-843-2300.

**How to continue your coverage:**

You will receive information on your COBRA coverage options and costs directly from iTEDIUM on behalf of Blue Cross Blue Shield/State Health Plan usually within 10 business days after your employment ends. iTEDIUM will mail COBRA plan continuation materials to your last address on record in ConnectCarolina. It is important to respond to the COBRA option within the stated time frames if you wish to continue coverage. You may direct any COBRA questions to the State Health Plan at 855-859-0966.

*Reduction in Force Special Continuation Rules*
If your job is eliminated due to an official Reduction in Force, health insurance coverage under the State Health Plan may be continued for up to one year following the date of separation for an SHRA employee, provided you had 12 or more months of consecutive state service and were covered under the plan at the time of your job’s elimination. The University will continue to pay the employer contribution towards the cost of health care during this one-year period. Any required employee premiums, including dependent coverage, would continue to be paid by you.

Continuation of coverage will terminate if you or your dependents obtain coverage under another group health plan during this one-year period. Please notify UNC Benefits at 919-843-2300 if you obtain group coverage elsewhere.

At the expiration of this one year, you will receive notification from the State Health Plan on how to continue your coverage, and that of any dependents. If you elect to continue coverage, you will be required to pay the full cost. There is no time limit as to how long this coverage may be continued. *Retiree Health Insurance*

**Special Continuation Rules**

If you retire or terminate your employment and have five years of State Membership Service in the Teachers’ and State Employees’ Retirement System (TSERS) or are vested with five years participation in the Optional Retirement Program (ORP), you may be eligible to continue to receive retiree health insurance through the State Health Plan, as long as you are receiving a monthly retirement benefit from either TSERS or the ORP.

If you withdraw all of your retirement contributions in TSERS or your ORP account, you will not be eligible for retiree health coverage. Retiree Health insurance coverage will begin one month after the start of your monthly retirement benefit through TSERS or your ORP account.

If you were hired prior to Oct. 1, 2006, the State may pay the employer contribution towards the cost of your health insurance premium. You will continue to pay required employee premiums, including dependent coverage. If you were hired on or after Oct. 1, 2006, the State may pay the employer contribution of your health insurance premium depending on the plan you elect and based on the following schedule:

- If you have 20+ years of TSERS or ORP participation, the State may pay 100% of the employer contribution.
- If you have more than 10 but less than 20 years of TSERS or ORP participation, the State may pay 50 percent of the employer contribution.
- If you have less than 10 but at least five years of TSERS or ORP participation, you may be eligible for coverage, but you must pay the full cost of coverage.

Any required employee premiums, including dependent coverage, would continue to be paid by you.

**Other Health Insurance Plans**

If you are enrolled in any of the plans in the chart that follows at the time of employment termination, each plan will mail information about how to continue coverage to your last address on record. You and/or dependents may continue coverage for up to the specified amount of time for each plan. Benefit continuation materials (COBRA, conversion, portability, etc.) are time-sensitive and you must reply to the continuation materials within the allotted time frame if you wish to continue coverage. If you do not receive continuation materials within 14 days of the coverage end date, please contact the plan directly.
<table>
<thead>
<tr>
<th>NCFlex Coverage</th>
<th>Option</th>
<th>Cost</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accident Plan</td>
<td>Portability</td>
<td>100%</td>
<td>Contact Voya at 1-877-464-5111</td>
</tr>
<tr>
<td>Health Care Flexible Spending Account</td>
<td>COBRA</td>
<td>102%</td>
<td>P&amp;A Group will send a COBRA packet. Contact them at 1-866-916-3475</td>
</tr>
<tr>
<td>Dependent Day Care Flexible Spending Account</td>
<td>None</td>
<td></td>
<td>Cannot be continued</td>
</tr>
<tr>
<td>Dental</td>
<td>COBRA</td>
<td>102%</td>
<td>MetLife will send COBRA packet to last known address. Contact them at 1-855-676-9441</td>
</tr>
<tr>
<td>Vision</td>
<td>COBRA</td>
<td>102%</td>
<td>EyeMed will send COBRA packet to last known address. Contact them at 1-866248-1939</td>
</tr>
<tr>
<td>Critical Illness</td>
<td>Portability</td>
<td>102%</td>
<td>Allstate will send a portability letter to the last known address. Contact them at 1-866-232-1517</td>
</tr>
<tr>
<td>Cancer Plan</td>
<td>Portability</td>
<td>102%</td>
<td>Allstate will send a portability letter to the last known address. Contact them at 1-866-232-1517</td>
</tr>
<tr>
<td>Core Accidental Death and Dismemberment</td>
<td>None</td>
<td></td>
<td>Cannot be continued</td>
</tr>
<tr>
<td>Voluntary Accidental Death and Dismemberment</td>
<td>Portability</td>
<td></td>
<td>Contact Voya at 1-877-464-5111</td>
</tr>
<tr>
<td>Term Life</td>
<td>Continuation</td>
<td></td>
<td>Contact Voya at 1-877-464-5111</td>
</tr>
<tr>
<td>TriCare Supplement</td>
<td>Portability</td>
<td>100%</td>
<td>Selman will send a portability letter to the last known address. Contact them at 1-800-638-2610</td>
</tr>
</tbody>
</table>

**Retirement**

*Teachers’ and State Employees’ Retirement System (TSERS)*

**Important information for TSERS members:**

- Contributing participation in the Teachers’ and State Employees’ Retirement System (TSERS) ceases upon your departure from state employment. You will, however, retain your account as long as you do not withdraw your contributions. If you have 60 or more months of creditable service in TSERS, you
are “vested,” which means you become eligible for a retirement benefit when you reach the qualifying age if you have not withdrawn your contributions.

• If you do not withdraw your accumulated contributions from TSERS and you return to state employment as a permanent employee, regularly scheduled to work 30 hours or more each week, your TSERS account will be reactivated and you will continue to add to the creditable service you had previously accumulated. If you withdraw or roll over your accumulated contributions from TSERS, you forfeit all rights to any benefits provided by TSERS.

• You are eligible to receive the full employer contribution for retiree health insurance through the State Health Plan if you were hired by the State prior to Oct. 1, 2006, and have completed 60 months of contributory service, or if you were hired by the State on or after Oct. 1, 2006, and have completed 20 years of contributory service. You must leave your contributions in your TSERS account to be eligible for retiree health insurance. Contact UNC Benefits at 919-843-2300 for additional information on your eligibility.

• You may wish to seek financial advice concerning the effects – including tax consequences – if you decide to withdraw your TSERS contributions. If you were vested in TSERS on or before Aug. 12, 1989, your TSERS retirement benefits, no matter what amount, are exempt from NC State income tax. If you withdraw your TSERS contributions, you will forfeit your right to this exemption.

**Actions required:**
If you decide to maintain your TSERS account following your departure from the University, you do not need to take any action.

If you wish to receive a refund of your TSERS contributions or roll over your account, complete the Withdrawing Your Retirement Service Credit and Contributions Form (Form 5) available from the TSERS website: myncretirement.com.

Active Employees and retirees can contact TSERS at 877-627-3287 for more information on account balances and refunds.

**Discontinued Service Retirement:**
SHRA employees who leave employment as a result of an official Reduction in Force (i.e. layoff) could request discontinued service retirement and begin to receive State retirement benefits, rather than severance pay. To be eligible, you must have:

• 20+ years of creditable retirement service and be age 55 or older to receive an unreduced benefit
• 20+ years of creditable retirement service and be age 50 or older to receive a reduced benefit (reduced by 1/4 of 1 percent for each month under age 55)

This benefit is subject to the availability of departmental funds and approval by the State Budget Director on the recommendation of the State Human Resources Director. **Optional Retirement Program (ORP)**

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**Important information for those enrolled in the ORP:**
Your contributing participation in the Optional Retirement Program (ORP) ends upon your departure from the University. You will retain your account as long as you do not withdraw your contributions. If you have completed five years of participation in the ORP, you are “vested” in the University’s contributions and may be eligible for retiree health insurance benefits at any age upon receipt of a monthly retirement distribution from your original ORP account. Please contact UNC Benefits at 919-843-2300 for additional eligibility information and instructions for completing an ORP-3 form.

If you withdraw or roll over your accumulated contributions from the ORP, you forfeit all rights to any benefits provided by ORP including retiree health insurance. If you were enrolled in the ORP on or before Aug. 12, 1989, your ORP retirement benefits, no matter what amount, are exempt from State income tax. If you withdraw or roll over your ORP contributions, you will forfeit your right to this exemption.

If you leave employment with the University before completing five years of participation in the ORP, and within 12 months of your termination of employment you continue participation in a “like retirement plan” (i.e. the primary retirement plan of another institution of higher education or health care), and the plan is underwritten by one of the four retirement vendors currently underwriting the ORP, then the University will vest you in the value of the University contributions and their earnings.

If you have not completed five years of ORP participation and will not continue participation in a similar plan at another educational institution within 12 months of leaving UNC, your ORP employer contributions will be relinquished back to the University. Your contributions can either be refunded to you, kept in your account with your ORP vendor, or you can directly roll over the taxable portion of your contributions to an Individual Retirement Account (IRA) or another employer plan. A completed ORP-3 form is required to notify UNC of continuing a “like” retirement plan or if you are rolling out/withdrawing your contributions. Contact UNC Benefits at 919-843-2300 for more information.

You may wish to seek financial advice concerning the effects – including tax consequences – if you decide to withdraw your ORP contributions. The employer contributions made to your account will be relinquished back to the University if not vested in the ORP.

Actions required:
Complete the “Acknowledgement for Disposition of Account Contributions” form (ORP-3 Form), which can be accessed here: [go.unc.edu/orp-3](go.unc.edu/orp-3). Keep a copy for your records and return the original to UNC Benefits within 30 days of your termination date via email at benefits@unc.edu or fax at 919-962-6010. If you do not complete this form, you will experience a delay when you attempt to access funds in your ORP accounts.

If you are making any changes to your vendor account (closing the account, rollover of contributions, etc.), contact your ORP vendor directly.

For more information on the ORP, visit [go.unc.edu/orp](go.unc.edu/orp).

403 (b), 457(b), or 401 (k) Supplemental Retirement Plans

If you are contributing to any of the Supplemental Retirement plans, contributing participation ceases upon your departure from the University.
**Actions required:**
No action is needed if you wish to leave existing assets in your account. Contact the vendor(s) directly for information about the status of your account, including receiving annuity payments, requesting a distribution of assets, or transferring/rolling over your account assets. You will need to notify the vendor directly if you have an address change.

For more information on the Supplemental Retirement Programs, visit [go.unc.edu/retirement](http://go.unc.edu/retirement).

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**Group Life Insurance**

*MetLife*

- Your group life coverage will continue through the end of the month in which you terminate from the University. You can elect to continue your MetLife Group Term Life Insurance policy by applying for coverage through a separately rated portability program within 31 days of the date of your departure from the University. You can also convert your coverage to a whole life policy.

*How to continue your coverage:*

MetLife will mail a packet to your home address outlining your options through portability or conversion to whole life. If you do not receive a packet within 31 days from your date of employment ending, you can contact MetLife directly at 888-252-3607 for information on conversion or portability.

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**Supplemental Disability Insurance**

*The Standard*

- Your coverage will end upon your departure from the University. You can elect to convert to individual coverage if you are currently enrolled in the plan and you have had at least 12 months of continuous coverage under the plan. You can elect to convert to individual coverage within 30 days from your last day of employment with the University. *How to continue your coverage:*

Complete a conversion form available from UNC Benefits within 30 days of your termination date. *Liberty Mutual*

- Your coverage will end upon your departure from the University.

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**Additional University Benefits**

*Tuition Waiver Program*
If your work schedule changes to less than 30 hours per week during the period of course attendance, or if you leave permanent employment, you may be billed for all or part of the tuition for the entire semester even if you officially withdraw from the course, as provided in the policies and procedures established by the Cashier’s Office of the enrolling institution.

If you have any questions, please call the University Cashier’s Office at 919-962-1368.

**Educational Assistance**

Once you terminate employment, you are longer eligible to apply for educational assistance.

If an employee has been approved for educational assistance and started coursework prior to separation by reason of Reduction in Force (i.e. layoff), UNC may honor its reimbursement commitment. However, if your layoff separation date is prior to the beginning of the course, UNC is not obligated to reimburse you. If the coursework has not started when the notification of layoff is delivered, the approval will be canceled.
Thank you for your time with us. The University of North Carolina at Chapel Hill (UNC-Chapel Hill) would like to learn more about your time here as part of our ongoing efforts to enhance employee experiences.

The Exit Interview Questionnaire offers departing employees with the opportunity to provide feedback about their experience at the University. Your input is valuable to us, and we appreciate the contribution of your thoughts and suggestions.

Exit Questionnaires are forwarded to Employee and Management Relations in the Office of Human Resources. The information you provide will be kept in a confidential file and used only in generalized, non-identifiable ways to help us understand the factors that may contribute to employee satisfaction and turnover.

If you prefer not to complete this questionnaire but would be willing to discuss your reasons for leaving and your experiences as a University employee, please contact Employee and Management Relations at (919) 843-3444 or emr@unc.edu to schedule an in-person interview.

SECTION A: EMPLOYEE INFORMATION

Q1. Name (optional): ________________________________

Q2. Email Address (optional): ________________________________

Q3. Gender:

- [ ] Female
- [ ] Male
- [ ] Non-binary/third gender
- [ ] Prefer to self-describe ________________________________
- [ ] Prefer not to say

Q4. Age:

- [ ] Under 30 years old
- [ ] 30-39 years old
- [ ] 40-49 years old
- [ ] 50 – 59 years old
- [ ] 60+ years old
- [ ] Prefer not to say

Q5. Race (Select all that apply):

- [ ] American Indian/Alaskan Native
- [ ] Asian
- [ ] Black/African-American
- [ ] Hispanic/Latino
- [ ] Native Hawaiian/Pacific Islander
- [ ] White
- [ ] Other: ________________________________
- [ ] Prefer not to say

Q6. Length of Service with UNC-Chapel Hill:

- [ ] Less than 5 years
- [ ] 5-9 years
- [ ] 10-14 years
- [ ] 15-19 years
- [ ] 20-24 years
- [ ] 25-29 years
- [ ] 30+ years

Q7. Last date you worked at UNC-Chapel Hill (mm/dd/yyyy): ________________________________
Q8. School/Division/Department Name:

- Adams School of Dentistry
- Admissions, University Registrar, Office of Scholarship and Student Aides
- Alumni Association Office
- Athletics
- Auxiliary Services
- College of Arts and Sciences
- Environmental Safety and Sustainability
- Facility Services
- Graduate School
- Information Technology Services
- Internal Audit
- Kenan-Flagler Business School
- Office of the Chancellor
- Office of the Provost
- School of Education
- School of Government
- School of Information and Library Science
- School of Law
- Hussman School of Media and Journalism
- School of Medicine
- School of Nursing
- School of Pharmacy
- School of Public Health
- School of Social Work
- Transportation and Parking
- University Communications
- University Counsel
- University Development Office
- University Library
- University of North Carolina Police Department
- University Ombuds Office
- Vice Chancellor for Finance and Operations
- Vice Chancellor for Public Affairs
- Vice Chancellor for Research
- Vice Chancellor Innovation, Entrepreneurship and Economic Development
- Vice Chancellor Student Affairs
- Workforce Strategy, Equity and Engagement
- WUNC-FM
- Prefer Not to Say

Q9. Job Title at UNC-Chapel Hill: ____________________________

Q10. What initially attracted you to working at UNC-Chapel Hill? (Check all that apply)

- Being at UNC-Chapel Hill
- Challenging Position
- Career/Promotional Opportunity
- Competitive Salary
- Benefits Programs
- Retirement Programs
- Research Interest
- Work Environment
- Other (Please Specify): ____________________________

Q11. For which of the following reasons are you leaving UNC-Chapel Hill? (Check all that apply)

- Retirement
- Voluntary resignation
- SHRA Reduction in Force (RIF)
- EHRA-NF discontinuation of position
Q12. If Voluntary resignation selected above, which of the following would you say are significant reasons you are voluntarily leaving UNC-Chapel Hill? **(Check all that apply)**

- Taking a higher level job somewhere else
- Taking a similar-level job, but with better pay and benefits
- Taking a job with better career potential
- Taking a job that is a better match for my skills and interests
- Taking a job closer to home
- Spouse/Partner taking a job out of the area
- Changing careers and going in a different direction
- Going back to school
- Leaving the workforce to care for a family member
- Not having the tools, equipment or resources needed to do my job
- Not receiving the essential training to do my job
- Limited opportunity for professional growth
- Quality of interactions with my boss
- Quality of interactions with my coworkers
- My physical work environment
- Language barriers
- Others (Please briefly explain)

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**SECTION B: WORKLOAD**

Q13. To what extent did the actual tasks or assignments you performed on a day-to-day basis match what was outlined in the job description or work plan for your position?

- Very closely
- Fairly closely
- Not very closely
- Not at all

Q14. To what extent did the amount of work you were asked to perform match what you expected based on the job description or work plan for your position?

- There was a lot more work than I expected
- There was somewhat more work than I expected
- The amount of work was about what I expected
- There was somewhat less work than I expected
- There was a lot less work than I expected
Q15. Do you think your work unit had the right number of people to do the work expected?

- No, we needed additional people
- Yes, there was the right number of people
- No, there were more people than needed for the work

Q16. Do you think your work unit had qualified people to do the work expected?

- No, we needed additional qualified people
- Yes, there was the right number of qualified people
- No, there were more qualified people than needed for the work

SECTION C: SALARY AND BENEFITS

Q17. To what extent do you agree or disagree with the following statements about your salary and benefits?

My salary was reasonably competitive when compared with employees doing the same or similar work...

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Somewhat Agree</th>
<th>Neither agree nor disagree</th>
<th>Somewhat disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>In my own department</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td></td>
<td></td>
<td>○</td>
</tr>
<tr>
<td>In other departments around campus</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td></td>
<td></td>
<td>○</td>
</tr>
<tr>
<td>At other Chapel Hill area employers</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td></td>
<td></td>
<td>○</td>
</tr>
<tr>
<td>At other universities</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td></td>
<td></td>
<td>○</td>
</tr>
</tbody>
</table>

Q18. My healthcare benefits (e.g. medical, dental, vision, medical flex spending), provided through the State of North Carolina, were reasonably competitive with other employers.

- Strongly Agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly Disagree
Q19. The retirement plans and contributions provided through the State of North Carolina for State employees were reasonably competitive with other employers.

- Strongly Agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly Disagree

Q20. In general, I was satisfied with **my salary** at UNC-Chapel Hill.

- Strongly Agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly Disagree

Q21. In general, I was satisfied with **my benefits** at UNC-Chapel Hill.

- Strongly Agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly Disagree

**SECTION D: DEPARTMENT/UNIT ADMINISTRATION, SUPERVISORS, AND COMMUNICATION**

Q22. In general, how successful do you think your department is in meeting its goals?

- Very successful
- Somewhat successful
- Not very successful
- Don’t know what my department’s goals are

Q23. Overall, how would you rate the quality of the working relationships between staff in your work unit and your work unit’s immediate supervisor?

- Excellent
- Good
- Fair
- Poor
- Don’t know

Q24. In your opinion, how well did your immediate supervisor do the following?
EXIT INTERVIEW QUESTIONNAIRE NON-FACULTY

- Listen to ideas and concerns from staff in your work unit
  - Excellent: ○
  - Good: ○
  - Fair: ○
  - Poor: ○
  - Don’t Know: ○

- Meet regularly with the work unit to keep employees informed
  - Excellent: ○
  - Good: ○
  - Fair: ○
  - Poor: ○
  - Don’t Know: ○

- Treat all members of the work unit consistently (i.e., does not show favoritism)
  - Excellent: ○
  - Good: ○
  - Fair: ○
  - Poor: ○
  - Don’t Know: ○

- Address internal conflict in your work unit quickly and effectively
  - Excellent: ○
  - Good: ○
  - Fair: ○
  - Poor: ○
  - Don’t Know: ○

- Promote and support diversity and inclusion within your work unit
  - Excellent: ○
  - Good: ○
  - Fair: ○
  - Poor: ○
  - Don’t Know: ○

- Provide work-related training and development opportunities for employees
  - Excellent: ○
  - Good: ○
  - Fair: ○
  - Poor: ○
  - Don’t Know: ○

- Have an annual performance appraisal discussion with you
  - Excellent: ○
  - Good: ○
  - Fair: ○
  - Poor: ○
  - Don’t Know: ○

Q25. Over the past 12 months, about how often did your supervisor acknowledge or express appreciation for the work you had done?

  - ○ Frequently
  - ○ Sometimes
  - ○ Occasionally
  - ○ Seldom/Never

Q26. How would you rate communication between each of the following?

- You and your co-workers in your work unit
  - Excellent: ○
  - Good: ○
  - Fair: ○
  - Poor: ○
  - Don’t Know: ○
  - Not Applicable: ○

- Staff in your immediate work unit and other staff in the rest of your department
  - Excellent: ○
  - Good: ○
  - Fair: ○
  - Poor: ○
  - Don’t Know: ○
  - Not Applicable: ○
SECTION E: YOUR OVERALL EXPERIENCE

Q27. To what extent do you agree or disagree with the following statements regarding your overall work experience?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Somewhat Agree</th>
<th>Neither agree nor disagree</th>
<th>Somewhat disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>In general, I worked well with the people on my immediate team</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td></td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>I felt the work I did was important</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>I felt my work contributions were valued</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>In general, I looked forward to coming to work</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

Q28. Overall, did you enjoy your job?
   - O Yes
   - O No

Q29. Why or why not? _________________________________________________________
Q30. In thinking about each of the following, would you say you did or did not...

• Have the basic tools, equipment, and resources needed to do your job
  Yes, I did ○ No, I did not ○

• Receive basic training to do your job ○ ○

• Receive opportunities to expand your skills in your position ○ ○

• Have opportunities for job growth with pay increases ○ ○

• Have a physical work environment that allowed you to work safely and comfortably ○ ○

SECTION F: FUTURE PLANS

Q31. Have you already accepted a position for employment elsewhere?
  ○ Yes ○ No

Q32. If Yes above, in what type of organization will you be working?

  ○ Another college or university
  ○ The private sector (e.g., business, industry)
  ○ A governmental organization
  ○ A not-for-profit organization
  ○ Self-employment
  ○ Other (Please Specify): ______________________________

Q33. Name of new organization (Optional): ______________________________

SECTION G: YOUR FINAL COMMENTS AND RECOMMENDATIONS

Q34. Would you recommend employment in your department at UNC-Chapel Hill to a friend or colleague?
  ○ Definitely yes
  ○ Probably yes
  ○ Maybe
  ○ Probably Not
  ○ Definitely Not

Q35. Would you recommend employment in other departments at UNC-Chapel Hill to a friend or colleague?
EXIT INTERVIEW QUESTIONNAIRE NON-FACULTY

☐ Definitely yes
☐ Probably yes
☐ Maybe
☐ Probably Not
☐ Definitely Not

Q36. How would you rate your overall experience at UNC-Chapel Hill on a scale of 1-5? (1 = lowest; 5 = highest) ____________

Q37. When you think about your experiences at UNC-Chapel Hill, what would you say were the most positive aspects of being an employee here? ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________

Q38. When you think about your experiences at UNC-Chapel Hill, what were some of the concerns that you had in being an employee here? ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________

Q39. What do you think are the most significant changes that your department at UNC-Chapel Hill could make to be a better place to work? ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________

Q40. What do you think are the most significant changes that UNC-Chapel Hill could make to be a better place to work? ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
Thank you for taking the time to provide your feedback. The Employee and Management Relations team in the Office of Human Resources appreciates your willingness to share your experience with us.

Please print and mail the questionnaire to: UNC Employee and Management Relations, 104 Airport Drive, Campus Box 1045, Chapel Hill, NC 27599-1045.

Questions about this form? Contact Employee and Management Relations at 919-843-3444.