# EXIT INTERVIEW AND CLEARANCE FORM

Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date Hired: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Department: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Effectivity Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for leaving: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

1. Accountability Check – to be accomplished by immediate supervisor.

Cleared by Date

1. Car and related accessories \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

(see page 4 of 5)

2. Cash float, cash advance, \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

petty cash

1. Department Clearance

* Marketing & Sales Dept. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_
* Accounting Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_
* Audit Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_
* Production Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_
* Regulatory Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_
* Quality Control Dept. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_
* Research & Development

Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

* Quality Assurance &

System Certification Dept. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

* Legal Dept. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_
* IT Dept. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_
* Supply Chain/

Procurement Dept. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

* Department Head \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_
* Human Resources Dept. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

111. Exit Interview conducted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Only upon presentation of duly accomplished accountability and clearance form will

Accounting process whatever benefits/emoluments may be due the separated employee.

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Employee

FROM: HUMAN RESOURCES DEPARTMENT

RE: TURN- OVER OF ACCOUNTABILITIES

Kindly have the following returned to the company on or before \_\_\_\_\_\_\_\_\_\_\_\_\_:

1. COMPANY CAR(details see attached)

**Date surrendered**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Checked by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. CAR KEYS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Shellfleet: **Date surrendered \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Company Identification Card **Date surrendered \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Employee’s Manual **Date surrendered \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Official Receipts, Invoices, Delivery Receipts, Provisional Receipts, etc:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Issued / Control Numbers | Unused #s | Used #s | Skippages  (#s) | Reasons for skippages(cancelled, torned out, etc.) |
| Official Numbers (check for skippages) |  |  |  |  |  |
| Delivery Receipts |  |  |  |  |  |
| Sales Invoices |  |  |  |  |  |
| Provisional Receipts (check for skippages) |  |  |  |  |  |

**Date receipts were surrendered \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Office Supplies

**Office Supplies Surrendered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date surrendered \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Office (ISO) Documents (If there’s any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. HMO Card **Date surrendered \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Company properties :
   1. Lap top/ desk top computer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. Printer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   3. Flash disk \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   4. Diskettes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   5. Cd’s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date surrendered \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Thank you very much.

Sincerely yours,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Human Resources Personnel

# VEHICLE TURN-OVER RECEIPT/CHECKLIST

Name: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vehicle Data:**

Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Engine No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Serial No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Make/Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Plate Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Items** **Remarks** **Items** **Remarks**

Jack \_\_\_\_\_\_\_\_\_\_\_\_ Tool Set \_\_\_\_\_\_\_\_\_

Floor Matting \_\_\_\_\_\_\_\_\_\_\_\_ Side Mirrors \_\_\_\_\_\_\_\_\_

Stereo \_\_\_\_\_\_\_\_\_\_\_\_ Head Light \_\_\_\_\_\_\_\_\_

Tire Wrench \_\_\_\_\_\_\_\_\_\_\_\_ Spare Tire \_\_\_\_\_\_\_\_\_

Lighter \_\_\_\_\_\_\_\_\_\_\_\_ Speakers \_\_\_\_\_\_\_\_\_

Hub Caps \_\_\_\_\_\_\_\_\_\_\_\_ Wipers \_\_\_\_\_\_\_\_\_

General Description of Body/ Others (Air condition,oil level,

Condition of vehicle radiator, battery, brake & clutch,etc.)

Specify:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Returned by: Received and Checked by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & Signature (First User) Name & Signature of (Current User)

Noted by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ulysses C. Cantina President/CEO

## EXIT INTERVIEW QUESTIONNAIRE

THIS FORM IS TO BE ACCOMPLISHED BY THE INTERVIEWEE. THE INTERVIEWEE MUST BE ASSURED THAT RESPONSES TO THIS QUESTIONNAIRE WILL BE KEPT CONFIDENTIAL. THEY WILL NOT PREJUDICE , IN ANY WAY, THE STATUS OF HIS/HER PAST FUTURE EMPLOYMENT. IT MUST BE STRESSED THAT THE RESULTS OF THIS QUESTIONNAIRE WILL BE UTLIZED PURELY FOR ORGANIZATIONAL DEVELOPMENT PURPOSES. PLEASE ENCOURAGE THE INTERVIEWEE TO BE AS CANDID AND AS FRANK AS HE/SHE CAN.

1. Reason(s) for resignation/transfer:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Interviewee’s self-evaluation of his/her performance during his employment in the Company. (cite predominant strengths and weaknesses) :

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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3. Difficulties and problems experienced during his/her employment with the Company with regards to

A. Nature of the job and working conditions

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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B. Interpersonal work atmosphere (relationships with supervisor and peers/subordinates).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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C. Job Satisfaction and security

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D. Effectiveness of over-all Company administration and operations

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Signature over Printed Name Designation

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Accomplished Date of Separation

Administered by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_