

Instructions:

1. Provide your feedback on your working experience with 1rstWAP. Your response will be treated fully confidential.
2. Fill-in this form before the exit interview with HRD.

SECTION A : EMPLOYEE DATA

Name	:	_____	Company	:	_____
Employee No.	:	_____	Department	:	_____
Position	:	_____	Work base	:	_____
Grade	:	_____	Last day of service	:	_____
Date Joined	:	_____	Last day at Work	:	_____
Directly reports to	:	_____			

SECTION B : REASON FOR SEPARATION

Please tick (✓) the reason for termination:

If Resignation, please tick (✓) the reason as appropriate:

☐
☐
☐
☐

 Retirement
 Resignation
 Contract Expiry
 Others

☐
☐
☐
☐
☐

 Salary and Benefits
 Career Prospects
 Health or Family Reason
 Career Change
 Others (specify)

SECTION C: JOB FACTORS

1. What factors contributed to you accepting a job with 1rstWAP? Have your feelings/opinion changed?

2. Did you understand the expectations of your job when you were hired? Do you understand them today?

3. Did you receive adequate training or help to meet the job expectations? If inadequate, what training did you expect?

4. How would you rate your own performance on the job?

SECTION D : THE COMPANY AS A PLACE TO WORK

5. How do you rate the following aspects of your working experience in 1rstWAP?

Aspect of employment	Excellent	Good	Fair	Poor	Very Poor	Remarks
Training and development						
Performance management						
Opportunity for advancement						
Management of company						
IT Policy						
Company Regulations (Peraturan Perusahaan)						
Colleagues						
Compensation (salary & allowance)						
Working facilities						

6. What made your employment enjoyable?

7. Would you consider coming back to 1rstWAP?

☐ Yes

☐ No. What would interest you to come back to 1rstWAP to work?

SECTION E : QUALITY OF MANAGEMENT

8. How do you rate your supervisor/manager in the following areas?

Management area	Excellent	Good	Fair	Poor	Very Poor	Remarks
a. Shows fair and equal treatment.						
b. Gives appropriate recognition promptly.						
c. Resolves complaints/ difficulties in a timely manner.						
d. Keeps employees updated on issues regarding his work.						
e. Sets goals and targets that are understood by employees.						
f. Has competency in his area of responsibility.						
g. Encourages two way communication.						

9. Would you want to work for the same supervisor/manager if you rejoin 1rstWAP?

SECTION F : REASON FOR LEAVING

10. Are you leaving for a similar position? If different position, what is it?

11. What part of the salary package influenced you in your decision to leave?

12. What made you start looking for another position outside 1rstWAP? What made you consider the offer?

13. What could 1rstWAP have done to keep you in the Company?

Completed by:

Acknowledged by:

Employee Signature

HR Signature

Employee Name

Name HR rep. : _____

Position : _____

Position : _____

Company : _____

Company : _____

Date : _____

Date : _____

Instructions:

1. Please follow this checklist to return all company properties and assets .
2. Return this form duly completed and signed to HRD.

SECTION A : EMPLOYEE DETAILS

Name : _____ Company : _____
 Employee No. : _____ Department : _____
 Position/Grade : _____ Division : _____
 Last day of Employment: _____

Reason for Termination:

☐ Retirement ☐ Resignation ☐ Dismissal ☐ Contract Expiry ☐ AWOL ☐ Short Notice ☐ Deceased

SECTION B : CHECKLIST

No.	Description of Items to be Returned	Date Returned
		GENERAL AFFAIRS
i.	Office keys: room/drawer/cabinet/safety box/desk	
ii.	Workstation/Laptop/tablet (if applicable)	
iii.	Desk phone set, and/or mobile handset (if applicable)	
iv.	Business Cards (if applicable)	
v.	Stationary	
vi.	Others, please state:	

Confirmed all returned by Employee

Confirmed all received by GA

Name _____
 Date _____

Name _____
 Date _____

No.	Description of Items to be Returned	Date Returned / Reassigned
		HR
i.	Medical card	
ii.	Outstanding loan (staff advance or cash advance)	
iii.	Remove Employee Access to the office	
		HEAD OF DEPARTMENT
i.	Handover Checklist	
ii.	Document and software passwords	
iii.	Others, please state:	

Confirmed all returned by Employee

Confirmed all received by HRD

Confirmed all received by Manager/Supervisor

Name _____
 Date _____

Name _____
 Date _____

Name _____
 Date _____

No.	Description of Items to be Returned/ Removed	Date Settled	Date Returned/ Removed
		FINANCE	OPERATIONS
i.	Remove employee's email account		
ii.	Remove Open LDAP account		
iii.	Change employee's password for the workstation and lock the employee's workstation		
iv.	Archive employee's data on the workstation		
v.	Remove employee's account from the applications' list		
vi.	Outstanding loan (staff advance or cash advance)		
vii.	Credit card (if applicable)		
viii.	Others, please state:		

Confirmed all returned by Employee

Confirmed all received by FINANCE

Confirmed all received by OPERATIONS

Name _____
 Date _____

Name _____
 Date _____

Name _____
 Date _____