



LESEDI
Local Municipality/Plaaslike Munisipaliteit

EXIT INTERVIEW FOR EMPLOYEES OF LESEDI MUNICIPALITY

PURPOSE:

To determine the reason/s leading to the termination of service and to conduct post evaluation and assessment to determine ways of constantly improving working conditions and relations.

SPECIAL NOTES:

All information will be treated with the strictest confidentiality.

Instructions:

Mark the appropriate box with an X
"High= Good, Average= fair & low= Poor

PERSONAL INFORMATION

Surname: _____ Initials: _____

ID number																			
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Department: _____ Position held: _____

Date of exiting : ____/____/____

Gender:	Male		Female	
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Age group	18-35 years		36-50 years		60+ years	
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Any disability	Yes		No	
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Population group	African		Colored		Indian		White	
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Years of service	0-1	1-2	2-3	3-4	3-4	4-5	5-6	7-8	8-9	10-20	21+
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Highest qualification

Less than std 8		Std 8		Std 10		1-2 year certificate		Degree/Diploma 3+	
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Other (please specify): _____

FACTORS THAT LED TO THE TERMINATION OF THE SERVICE (Mark the appropriate box)

Wage dissatisfaction	
New job (provide details)	
Start own business	
Health reasons	
Grievances	

Criminal offence	
Family responsibilities	
Retirement	
Full time studies	

Other (please specify): _____

INFORMATION REGARDING NEW JOB/ OWN BUSINESS (IF APPLICATION

Name of the organization/ business: _____

Business description: _____

Employment status	Permanent		Contract		Temporary		Not applicable	
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Position: _____

Responsibilities: _____

Postal/ Physical address: _____

FACTORS RELATING TO CORE WORK

	High	Average	Low
Recognition of good performance			
Opportunities for promotion			
Training opportunities			
Support from management			
Utilization of own skills and potential			
Fairness of performance evaluation			

FACTORS RELATING TO INTERPERSONAL RELATIONSHIP

	High	Average	Low
Respect shown by you own superiors			
Relationship with team members			
Communication			

Approachability of superiors			
Participation in decision making			

Any other comments (in any language):

Signature of exiting member:

Date

Signature of HR Officer/ Manager:

Date