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|  FOR OFFICIAL USE ONLYRESIGN SHORT-NOTICE  TERMINATION  ABSCONDED  EMPLOYEE CLEARANCE FORM (Kindly fill in 1st & 2nd page)NAME : …………………………………..…………………. DESIGNATION: …………………..…………………EMPLOYEEE NO. : ………………………………….…………………… DEPARTMENT : ………………………………………EFFECTIVE DATE OF RESIGNATION : ……………………………….…. LAST WORKING DAY : …………………………….. |
| INSTRUCTION : YOU ARE REQUIRED TO OBTAIN CLEARANCE FROM THE FOLLOWING DEPARTMENT |
| 1. EMPLOYEE OWN DEPARTMENT

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Items | Yes | No | If no, please state value |
| Please Tick |
| 1 | Keys |  |  |  |
| 2 | Uniforms/Shoes |  |  |  |
| 3 | Others (Please Specify) |  |  |  |

SIGNATURE : ………………………………………………………………..NAME : …………………………… DATE : ……………………………. | 1. FINANCE DEPARTMENT

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Items | Yes | No | If no, please state value |
| Please Tick |
| 1 | Officers Check |  |  |  |
| 2 | Others (Please Specify) |  |  |  |

SIGNATURE : …………………………………………………………………NAME : …………………………… DATE : ……………………………... |
| 3. ADMINISTRATION DEPARTMENT

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Items | Yes | No | If no, please state value |
| Please Tick |
| 1 | Keys (Locker) |  |  |  |
| 2 | Keys (Hostel) |  |  |  |
| 3 | Access Card |  |  |  |
| 4 | Name Tag |  |  |  |
| 5 | Meal Coupon |  |  |  |
| 6 | Car Sticker |  |  |  |
| 7 | Others (Please Specify) |  |  |  |

SIGNATURE : ………………………………………………………………….NAME : …………………………… DATE : ………………………………….. | 4. HUMAN RESOURCES DEPARTMENT

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No. | Items | Yes |  | No | If no, please state value |
|  | Please Tick |
| 1 | Employee Handbook |  |  |  |  |
| 2 | Medical Card |  |  |  |  |
| 3 | Others (Please Specify) |  |  |  |  |

SIGNATURE : ……………………………………………………………….NAME : …………………………… DATE : ……………………………. |
| 1. Amount of wages due to employee :
2. Amount of wages deducted in lieu of short notice :
3. Balance of amount to employee/employer after deduction :
 | RM ……………………………………..RM ……………………………………..RM ……………………………………… |
| I HEREBY AGREE THAT THE SAID PAYMENT SHALL CONSTITUTE FULL AND FINAL SETTLEMENT OF ALL CLAIMS BY ME AGAINTS THE CLUB AND I DISCHARGE THE CLUB ACCORDINGLY.EMPLOYEE SIGNATURE : …………………………………………….. DATE : ………………………………. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **EXIT INTERVIEW QUESTIONNAIRE** DATE : ……………………………….Please use the following tables to express how strongly you feel about each of the elements listed below and write the number in the space provided. The table is designed to measure which areas of concern use most important to you in your decision to leave the company.

|  |
| --- |
| **Table for Evaluation Of Elements**1. Most (or one of the most) important reasons.
2. Considered by me to be fairly important.
3. Has some bearing in my decision.
4. Very little influence.
5. Not involved in decision.
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| --- | --- | --- | --- |
|  | Salary |  | Advancement Opportunities |
|  |  |  |  |
|  | Job Challenge |  | Company Benefits |
|  |  |  |  |
|  | Job Location |  | Hours of Work |
|  |  |  |  |
|  | Work Load |  | Relationship with Supervisor |
|  |  |  |  |
|  | Further Studies |  | Personal Matters |

Employee’s Comment : - |