HARRY GWALA DISTRICT MUNICIPALITY

EXIT INTERVIEW FORM

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This form must be completed by the employee, assisted by Human Resources, during the exit interview with the employee leaving the Council's service.   Human Resource must complete the bottom section of the form, where indicated.

NAME   ……………………………………………………………………….

DEPARTMENT   ……………………………………………………………………….

JOB OCCUPATION   ……………………………………………………………………….

DATE EMPLOYED   ……………………………………………………………………….

LAST DAY WORKED   ……………………………………………………………………….

1. What of the following influenced your decision to leave the Council's service: (mark an X where appropriate)

Better job opportunity	………………………….
Health reasons	………………………….
Transport reasons	………………………….
Better working conditions	………………………….
Salary insufficient	………………………….
Family /Personal circumstances	………………………….
Supervision difficulties	………………………….
Type of work unsuitable	………………………….
Maternity	………………………….
Retirement	………………………….
Other	………………………….

Specify if 'other' reason marked:

....

....

2. Were your physical working conditions good, average or poor?

....

....

3. In your opinion, what conditions can be improved?

....

....

4. Was your workload (mark X where appropriate):

Too heavy	....	**About right**	....
Too light	....	**Varied**	....

5. Do you feel your Supervisor (mark Always, Usually, Sometimes, or Never, where appropriate):

Treated everyone fairly?	....
Gave praise when a good job was done?	....
Followed Council policy and procedures?	....
Was there to help you if you needed him?	....
Resolved problems and complaints quickly?	....

6. Did you feel discipline was (mark X where appropriate):

Fair	....	**Too lenient**	....
Too Severe	....	**Don't know**	....

7. Concerning the training received:

Did you get enough training to do the job well?	**(Y /N):**	....
Do you believe the training could be improved?	**(Y /N):**	....

If yes, comment as to how:

....

....

8. Were your chances for advancement (mark X where appropriate):

Good ………………………….   Average ………………………….   Poor ……………………………………

9. **How could you rate the following in your department (rate Good, Average or Poor);**

   Safety   ……………………….

   On-the-job training   ……………………….

   Co-operation within the department   ……………………….

   Co-operation with other departments   ……………………….

   Relationships between management and the workforce   ……………………….

   Do you believe the above could be improved (Y/N):   ……………………….

   If yes, how?

   ……

   ……

10. **Was information relating to your job passed on to you in good time by management?**
    (mark an X where appropriate)

    Always   ……………………….   Usually   …………………………….

    Sometimes   ……………………….   Never   …………………………….

11. **In your experience, were changes and developments related to your work**
    communicated to you before they were implemented? (mark an X where appropriate)

    Always   ……………………….   Usually   ………………………….

    Sometimes   ……………………….   Never   ………………………….

12. **Were your comments or opinion sought by your Supervisor to job-related issues?**
    (mark an X where appropriate)

    Always   ……………………….   Usually   …………………………….

    Sometimes   ……………………….   Never   ………………………….

13. **How do you rate the pay and benefits provided by the Council?**
    (rate Good, Average or poor, where appropriate)

    Rate of pay   …………………………….

    Leave   …………………………….

    Retirement plan   …………………………….

    Life and disability insurance   …………………………….

    Other (list)   …………………………….

    Do you feel that any of the above could be improved? (Y /N): ……………….

If yes, how?

……

14. **How would you rate the following facilities provided by the Council? (rate Good, Average or Poor, where appropriate**

Toilets	……………………………
First Aid / Nursing	……………………………
Transport	……………………………
Parking	……………………………
Security	……………………………
Machinery and tools	……………………………
Business equipment	……………………………

Do you feel that any of the above could be improved? (Y / N): …………………

If yes, how?

………

………

15. **Have you experienced or witnessed any of the following in this Council?**
    (If yes, please give details)

Discrimination on the basis of race or sex? (Y / N): ………………

Victimization? (Y ?N): ……………………

16. **Do you feel the relationship between the Council and Unions is: (mark X where appropriate)**

Good	……………………	**Average**	…………………
Poor	……………………	**Don't Know**	…………………

17. **What did you like most about your job?**

………

………

18. **What did you least about your job?**

………

………

19. **Would you recommend the Council to your friends as a good place to work?**

(Y / N): ……………………

   Give reasons:

   ……

   ……

20. **What kind of reputation do you think this Council has:**

   (Rate Good, Average, Poor or Don't know, where appropriate)

   In the community …………………………….

   With its customers …………………………….

   With suppliers …………………………….

21. **If reason for leaving is another job, please supply the following details:**

   Name of Company: ………………………………………………………………………

   Type of Work: ………………………………………………………………………

   Why is the job better? ……………………………………………………………………

22. **Comments by interviewer:**

   ……

   ……

   ……

Employee Signature: ……………………………………

Date: ………………………………………………………….

Interviewed by: ………………………………………….

Date : ………………………………………………………….