



MARULENG MUNICIPALITY

EMPLOYEES CLEARANCE AND EXIT CERTIFICATE

PLEASE NOTE:

- a) This form is completed when the employee leaves employment resulting from/ or, resignation, end of contract of employment, retirement, dismissal or death.
- b) The employee is responsible to ensure that all sections of this form is completed.
- c) In the case of death, the Human Resource Section will be responsible for the completion of the form, and
- d) This form should be signed off by the relevant heads of departments and, or/ unit heads.

SECTION 1: PERSONAL DETAILS OF EMPLOYEE

This section should be completed by the employee in exit:

a) Surname & full Names	
b) ID Number	
c) Salary/ Employee number	S
d) Department	
e) Unit	
f) Date of appointment	
g) Date of termination	
h) Last working day	
i) Reason/s for resignation	

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j) Signature of employee	
SECTION 2: CONFIRMATION BY SENIOR MANAGER/ UNIT HEAD OR SUPERVISOR	

The Senior Manager / Acting Senior Manager of the Department or, Unit Head / Acting Unit Head should complete this section:

I _____ hereby confirm in my capacity as **Senior Manager** that the employee has submitted the following documents/items:

Hand over report (electronic)	YES	NO
Files/ Equipment/ Documents belonging to the municipality	YES	NO
He/ she has not submitted the following outstanding items/ documents/ files/ equipment or is indebted to Maruleng Municipality as follows		
ITEM/ UNIFORM (if any)	VALUE (RAND)	

Please add columns if the items are more.

Comments:

Signed: _____

Date: _____

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### SECTION 3: INFORMATION COMMUNICATION TECHNOLOGY

This section is to be completed by the Divisional Manager ICT:

I \_\_\_\_\_ in my capacity as the Divisional Manager Information and Communication Technology hereby certify that \_\_\_\_\_ has submitted/ not submitted the following items in compliance with policy imperatives of the municipality.

| ITEM DESCRIPTION            | SERIAL NUMBER / SIM CARD NUMBER |
|-----------------------------|---------------------------------|
|                             |                                 |
|                             |                                 |
|                             |                                 |
| OUTSTANDING ITEMS (if any ) |                                 |
| ITEM                        | VALUE OF OUTSTANDING ITEM/ S    |
|                             |                                 |
|                             |                                 |
|                             |                                 |

Comments:

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Signed: \_\_\_\_\_

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

**DIVISIONAL MANAGER ICT**

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#### SECTION 4: CORPORATE SERVICES DEPARTMENT

I \_\_\_\_\_ in my capacity as the Senior Manager Corporate Services hereby certify that \_\_\_\_\_ has submitted/ not submitted the following items in compliance with policy imperatives of the municipality.

| Item                                                         | Value (Rand) | Comments |
|--------------------------------------------------------------|--------------|----------|
| Name tag                                                     |              |          |
| Office key                                                   |              |          |
| Library books                                                |              |          |
| Traffic fines (if any outstanding)                           |              |          |
| Study assistance/ Loan<br>(indicate any outstanding amounts) |              |          |
| Outstanding traffic tickets                                  |              |          |
| Municipal Debt (Recoveries)                                  |              |          |

Signed: \_\_\_\_\_

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

**DIRECTOR CORPORATE SERVICE**

#### SECTION 6: PERFORMANE MANAGEMENT SYSTEM BY THE DIVISIONAL MANAGER IPMS

I \_\_\_\_\_ in my capacity as the Divisional Manager IPMS hereby certify that \_\_\_\_\_ has submitted/ not submitted the following items in compliance with policy imperatives of the municipality.

| Details                                                                                                       | Yes/No | If yes, please provide |                        |
|---------------------------------------------------------------------------------------------------------------|--------|------------------------|------------------------|
| Would you like to be assessed for the period under review (...../.....), after you have left the institution? |        | Contact number         | Personal email address |
|                                                                                                               |        |                        |                        |

Comments:

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Signed: \_\_\_\_\_

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

**DIVISIONAL MANAGER: IPMS**

**SECTION 5: FINANCIAL CONFIRMATION BY THE CHIEF FINANCIAL OFFICER**

I \_\_\_\_\_ in my capacity as the Chief Financial Officer hereby confirm that the employee \_\_\_\_\_ is owing the municipality/ not owing the municipality in terms of our records:

| ITEMS | VALUE (RAND) | Comments |
|-------|--------------|----------|
|       |              |          |
|       |              |          |
|       |              |          |
|       |              |          |

Comments:

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Signed: \_\_\_\_\_

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

**CHIEF FINANCIAL OFFICER**

**SECTION 6: CONSENT BY THE EMPLOYEE**

I \_\_\_\_\_ hereby consent that the sum of \_\_\_\_\_ be debited by the municipality as repayment of the debt as indicated above.

Signed: \_\_\_\_\_

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

**EMPLOYEE SIGNATURE**

**SECTION 7: HR SENIOR PERSONNEL OFFICER (FOR OFFICE USE ONLY)**

I \_\_\_\_\_ in my capacity as the HR Senior Personnel Officer hereby confirms that all/ not all sections of the clearance certificate have been completed/ not completed:

The following sections are incomplete:

| SECTION/S |
|-----------|
|           |
|           |

Comments:

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Signed: \_\_\_\_\_

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

**HR SENIOR PERSONNEL OFFICER**

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## **SECTION 8: SUBMISSION TO THE FINANCE DEPARTMENT**

The clearance certificate is referred to Salaries by \_\_\_\_\_ as confirmation of final processing of all employees' benefits/ and where applicable effecting of all outstanding amount owed to the institution as per section 5.

**Signed:** \_\_\_\_\_

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

**HR SENIOR PERSONNEL OFFICER**