



Walailak University

MHESI

at.....

Date.....

1 Subject: Resignation from Employee at Walailak University

To: Vice President/Assistant President of Walailak University
(Through.....)

I,, holding the position of, affiliated with
....., have been employed at Walailak University since (day) (month)
..... (year). I would like to submit my resignation from my position as an employee of Walailak University due
to (reason) I kindly request that my resignation take effect on
..... (day) (month) (year) onward. I respectfully request your consideration and approval.

Yours sincerely,

.....
(.....)

2 Opinion of the Immediate Supervisor
[Head of Section or other equivalent positions]

.....
(Signature).....
(.....)
Position.....
Date.....

3 Opinion of the Higher-Level Supervisor (Head of Department)

Consideration [] Resignation Approved
[] Resignation Approved,
subject to the following conditions:

.....
[] Resignation Not Approved due to (reason):
.....
(Signature).....
(.....)
Position.....
Date.....

4 Opinion of the Next Higher-Level Supervisor
(Responsible Vice President)

.....
(Signature).....
(.....)
Position.....
Date.....

5 Opinion of the Human Resource Organization

.....
(Signature).....
(Miss. Natyaporn Sittisuwan)
Acting Head of Division of Human Resources and Organization
Date.....
Signature..... Signature.....
(Asst.Prof.Dr. Nopporn Thamrongrat) (Assoc.Prof.Dr. Warit Jawjit)
Assistant to the President Vice President
Date..... Date.....

6 Opinion of Vice President /Assistant to the President

[] Resignation Approved
[] Resignation Approved, subject to the following
conditions:.....
.....
[] Resignation Not Approved
(Signature).....
(.....)
Vice President / Assistant to the President
Date.....



Walailak University
Division of Human Resources and Organization

Employee Exit Interview Questionnaire

Please complete the exit survey truthfully. The information provided will be used to support the continuous improvement of the University's management system and human resource administration.

Section 1: Employee Information

1. Full Name..... Position.....
 Department.....Section.....
 Age.....years Period of Employment..... year.....month
2. Degree.....
3. Personnel Category [] University Employee [] Contract Employee (e.g., Contract Lecturer, Adjunct Professor, Foreign Lecturer)
 [] Temporary University Staff [] Other.....

Section 2: Satisfaction with the Affiliated Department

Please mark ✓ only one response for each item that best reflects your opinion.

Item	Level of Satisfaction				
	Highest	High	Moderate	Low	Lowest
Departmental Management Policies					
1. Communication of Policies into Practice					
2. Internal Management System of the Department					
3. Internal Coordination within the Department					
4. Work Monitoring and Follow-up					
5. Policies on Enhancing Quality of Work Life					
6. Human Resource Management Policies					
Work Performance					
7. The assigned workload is appropriate					
8. The job responsibilities align with your knowledge, abilities, and skills					
9. The job is interesting and provides opportunities to challenge your abilities					
Career Advancement Opportunities					
10. Opportunities to participate in development programs, training, seminars, and study visits					
11. Availability of a mentor to provide guidance and share experience					
12. Encouragement to produce work that supports career advancement					
Salary, Compensation, Benefits, and Entitlements					
13. Salary / Compensation received					
14. Benefits and entitlements received					
15. Annual Salary Increase					
Colleagues					
16. Teamwork, cooperation, and mutual support among colleagues					
17. Friendliness and willingness to help one another, even in personal matters					
Head of Department					
18. Knowledge and competence in managing, teaching, and explaining work processes					
19. Problem-solving in work performance					
20. Fairness in performance evaluation and salary adjustment					
Work Environment / Workplace Safety					
21. Cleanliness, orderliness, and appearance of the workplace					
22. Workplace safety					
23. Availability and adequacy of equipment and tools for work					

Section 3: Factors Influencing Your Decision to Leave the Job (You may select more than one response.)

Please indicate priority by ranking them as 1, 2, and 3 in order of importance.)

Examples: 1 Transportation difficulties 2 Obtained a new job that matches your interests 3 Further study / Pursuing higher better education

<input type="checkbox"/> Not well suited to the assigned job responsibilities	<input type="checkbox"/> The job is monotonous and routine, with limited opportunities to learn new skills
<input type="checkbox"/> Lack of understanding or skills required for the job	<input type="checkbox"/> Hazardous working conditions
<input type="checkbox"/> Lack of perceived career advancement opportunities	<input type="checkbox"/> Transportation difficulties
<input type="checkbox"/> Salary / compensation is lower than expected	<input type="checkbox"/> Personal or family-related issues
<input type="checkbox"/> Benefits and entitlements are less than expected	<input type="checkbox"/> Health-related issues
<input type="checkbox"/> Did not receive fair treatment from the supervisor	<input type="checkbox"/> Pursuing further education
<input type="checkbox"/> Problems in relationships with colleagues	<input type="checkbox"/> Starting a business / Self-employment
<input type="checkbox"/> Problems in relationships with the head of the department	<input type="checkbox"/> Returning to hometown
<input type="checkbox"/> Problems in relationships with the immediate supervisor	<input type="checkbox"/> Obtained a new job that better matches your interests
<input type="checkbox"/> Lack of a mentor to provide guidance, job training, and experience sharing	<input type="checkbox"/> Others (please specify):
<input type="checkbox"/> Poor quality of work life

Section 4: Suggestions in your opinion, what aspects of your department or the University should be improved to be better than at present?

Areas for Improvement	Reasons / Suggested Approaches for Improvement
1.	
2.	
3.	
4.	
5.	

Additional comments / Suggestions

.....

(Signature)..... Respondent
 Date...../...../.....