|  |  |
| --- | --- |
| **Name of Employee**: | **Role**: |
| **Parish/Location Name**: | **Cessation Date**: |  |
| Last Worked Date: (if different to above) |  |

|  |  |  |
| --- | --- | --- |
| ❑ | **Notice of Cessation/Termination Form**  has been completed and forwarded (authorising Payroll to make a final payment)  | Date: |

***Employment exit check***

❑ Did the person have computer access to the network/system?

 *If yes, contact IT provider or coordinator to remove login access.*

**Parish property/issued equipment to be returned**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Description** | **Date returned** | **Print name** | **Signature** |
| **Motor Vehicle**  | Rego Nbr  |  |  |  |
| **Mobile phone #** **& PIN Number** |  |  |  |  |
| **Laptop or Tablet Computers** |  |  |  |  |
| **Credit card** |  |  |  |  |
| **Fuel Card** |  |  |  |  |
| **Computer equipment** |  |  |  |  |
| **Photo ID Card** |  |  |  |  |
| **Files/Documents** |  |  |  |  |
| **Diary** |  |  |  |  |
| **Keys, access swipe card, bank security tokens etc** |  |  |  |  |
| **Safety equipment** |  |  |  |  |
| **Petty Cash** |  |  |  |  |
| **Other**  |  |  |  |  |

Personal Property

|  |  |  |
| --- | --- | --- |
| **Employees personal effects stored at workplace collected** | **Signature:** | **Date:** |

Tick box to confirm all above actions are now finalised ❑

|  |  |  |
| --- | --- | --- |
| **(Print) Name of person completing this form:** | **Signature:** | **Date:** |

***\*\*\*\* When form is completed place in employee’s personnel (service) file \*\*\*\****