|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Employee’s Name: | |  | | | | | |
| Parish/Location: | |  | | | | | |
| Date Notice was given | |  | | Last day of employment: | | |  |
| Termination | | Expiry of fixed Term  € Yes € No | | | Employer Initiated €  Employee Initiated € | | |
| Was the person completing a traineeship? | | If yes please give details of RTO and Traineeship Coordinator | | | | | |
| Is a Letter of Resignation attached: | | € Yes € No NB: A resignation is required for full & part time employees  Where Employer initiated, attached copy of correspondence | | | | | |
| Was the required notice provided? | | € Yes Pay all entitlements  € No Seek advice from Registry | | | | | |
| Additional information: | | Is a Separation Certificate required? € Yes € No  Is a Statement of Hours requested? € Yes € No | | | | | |
| € **Voluntary or Employee Initiated Cessation OR**  (and choose one reason from below)  € Accepted external position  € Relocating /moving away  € Family commitments  € Health reasons  € Retirement  € Deceased  € Visa expiry / conditions not met  € Left without notice / abandonment  € Other | | | | € **Involuntary or Employer Initiated Cessation**  (seek advice from Registry prior to actioning )  (and choose one reason from below)  € Gross Misconduct  € Dismissed for performance reasons  € Mandatory checks unsatisfactory  € Dismissal during probation  € Redundancy  € Contract expired  € Funding ceased  € Shortage of Work  € Other | | | |
| Additional Notes/Comments: |  | | | | | | |
| Forwarding  Contact Details |  | | | | | | |
| **\*\*\* NOTE: Complete a separate Employee Exit Checklist \*\*\***  **to acknowledge all property returned** | | | | | | | |
| Parish Representative’s  Name (print): | | |  | Parish Representative’s | |  | |
| Parish Representative’s Signature: | | |  | Date: | |  | |
| **Payroll Use Only** | | | | | | | |
| Statement of Termination payment € Yes € No Payment Summary sent € Yes € No | | | | | | | |