

Advice of Cessation of Employment

Name: _____ Employee No: _____
 Department: _____ Location: _____
 Position Held: _____ Commencement date: _____
 Any Breaks in service (unpaid leave, maternity leave): _____

Termination Date: _____
 Authorised by: _____ Date: _____

Please circle reason for the resignation or dismissal in the box below. More than one reason may be given. If so, state the primary reason first.

Resignation	Dismissal
1. Pay	1. Absenteeism/Lateness
2. Hours of work	2. Inability to Perform work
3. Working conditions	3. Job performance
4. Dissatisfaction with job	4. Breach of company rules
5. Personal betterment	5. Misconduct
6. Travel difficulties	6. Failure to obey direction
7. Domestic or other necessity	7. Under influence of Alcohol/Drugs
8. Ill health or incapacity	8. Redundancy
9. Moving from district	9. Abandonment of employment
10. Further education/training	10. Other.....
11. Set up of own business	
12. Change in career	
13. Other	
14. Unknown	
15. Retirement	
16. Temporary contract completed	
17. Fixed term contract expired	

Comments:

Re-employment recommended: _____ Yes / No
 If not, why? _____

PAY OFFICE CALCULATIONS

Entitlements:

- | | |
|-----------------------|--------------------------|
| 1. Annual Leave | 2. Leave Loading |
| 3. Long Service Leave | 4. Pay in Lieu of Notice |
| 5. Severance | 6. Superannuation |

Advice given to Fund Administrators on:

Repayment of Loans / Refunds to the Company:
 (Authorisation needed if to be deducted from Annual Leave Entitlement:

Termination Completed on Payroll: _____ Date: _____