

Form for fir

for a leaver

Please complete this form and
possible and by << state payro
that date may not be actioned

payroll team >> as soon as
month >>. Forms received after
continue to be paid.

Name:

Job title:

Number:

Reason for leaving:

Writing:

Pay in lieu of notice?

Payments?

Annual leave

employment:

Plus Days/hours:

Days/Hours:

Deductions to be made (state

deduction:

Additional information:

Signed:

Authorised:

S

A

M

P

L

E