

LEAVERS FORM



Please complete this form and return to _____ prior to payroll being processed.

Attach any letters / correspondence from the Employee, along with the Exit Interview Form where applicable. Without this form we may continue to pay staff.

Leaver Details

Employee Surname: _____ Mr / Mrs / Miss / Miss / Other

Employee Forename(s): _____

Job Title: _____

Leaving Date: _____

Reason for Leaving: _____

Are they being paid in lieu of notice? Yes / No If Yes, detail duration: _____

Holiday Pay

Holidays Accrued: _____ Holidays Taken: _____

Balance Due: _____ Amount to be Deducted: _____

Other Pay

Are they due any additional pay? Yes / No If Yes, please detail: _____

Any other deductions: Yes / No If Yes, please detail: _____

Authorisation

Managers Name: _____ Signature: _____

Countersigned Name: _____ Signature: _____

Date of Completion: _____