**Employee Leaver Form**

**(to be completed by the line manager)**

**Last Updated: 03/2022**

| **1) EMPLOYEE DETAILS** | | | |
| --- | --- | --- | --- |
| Employee Number: | | | **Home/Forwarding Address of Leaving Employee:** |
| Name: | | |
| School/Department: | | |
| Leaving Date:  (please give the last day of employment) | | |
| Redeployee registered on redeployment list?  Yes  No | | |
| **2) REASON FOR LEAVING** (please tick) | **3) DESTINATION for HESA purposes, applies to ALL staff, except O&F staff** (please tick **1** in each Section) | | |
| Retirement**\***  Resignation**\***  Transfer to another School/Department  End of fixed-term contract/funding  Death in Service  Project code to be charged for redundancy payments\*\*  Payment to be shared with other Schools/Departments\*\*\*  Give details:  \* A copy of the notice of retirement or resignation must be attached to this form  \*\* In certain circumstances, individuals on fixed-term contracts with two or more years’ continuous service with the University are entitled to a redundancy payment  \*\*\* Costs will be apportioned to previous Schools/ Departments based on service | A | Working in a higher education institution  Working in another education institution  Working in a research institute (private)  Working in a research institute (public)  NHS/General medical/dental practice  Working in another public sector organisation  Working in the voluntary sector  Working in the private sector  Self-employed  Registered as a student  Retired  Not in regular employment  Death  Not known (employee does not know)  Information refused (employee has refused to provide this information)  Not provided (employee has not answered this question) | |
| **B** | England  Wales  Scotland  Northern Ireland  UK (not otherwise specified)  Other EU  Non-EU  Not known (employee does not know)  Information refused (employee has refused to provide this information)  Not provided (employee has not answered this question) | |
| **4) ANNUAL LEAVE (please tick and enter amount in days or hours)** | | | |
| Arrangements should be made for outstanding annual leave to be taken prior to leaving. Please take into account that any remaining balance for purchased annual leave will be made from the final salary payment. If due to operational reasons this is not possible, please confirm the outstanding annual leave entitlement to be paid on termination. Alternatively, where annual leave in excess of the leave entitlement has been taken, please state the excess to be recovered from the final salary payment:  **Leave Outstanding: days/hours (delete as applicable)**  **Excess Leave Taken: days/hours (delete as applicable)** | | | |
| **5) FRACTIONAL (term-time) CONTRACT DETAILS** (please tick and enter amount in weeks or hours) | | | |
| If fractional, please specify number of weeks (or hours if an irregular working pattern) worked to leaving date since the anniversary date of the fractional appointment:  **Fractional: weeks/hours worked (delete as applicable)** | | | |
| **6) AUTHORISATION** | | | |
| **Leaver checklist completed** (please tick):  **Name: ……………………………………………………………… Signed: ……………………………………… Date: ……….…………….**  **(Head of School/Department or designated person)**  **Contact Name: ……………………………………………………………………… Telephone No: …………………………………………..**  **(Please provide a contact for enquiries on the above information)** | | | |