



EMPLOYEE LEAVING FORM

Employer Name

EMPLOYEE DETAILS:

Title (eg Mr)
Surname
Forename 1 (in full)
Forename 2 (in full)
Gender Male/Female
Address
.....
.....
.....
.....
Post Code
Date of Birth/...../.....
National Insurance Number

EMPLOYMENT DETAILS:

Leave Date
Reason for Termination Resignation/Retirement/Redundancy/Dismissal/Other
Outstanding Holiday Pay (Amount due) Yes/No

Signature of Employer
Date