| To be completed by the Line Manager | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | | | | | | | | | |
| Employee number |  | | | | | | | | | |
| School/Dept/Inst. |  | | | | | | | | | |
| Post title |  | | | | | | | | | |
| Last day of service |  | | | | | | | | | |
| Last working day |  | | | | | | | | | |
| Home address for correspondence (e.g. P45 and final payslip) |  | | | | | | | | | |
| Amount of outstanding leave to be paid on termination | | | |  | | Amount of overspent leave to be deducted on termination | | |  | |
| Budget code to which outstanding leave can be charged | | | |  | | | | | | |
| Does the employee currently have a Season Ticket or Cycling Loan? | | | | Yes  No (If yes, please provide details below) | | | | | | |
|  | | | | | | | | | | |
| **Reason for leaving** (Tick appropriate box)  Resignation  End of temporary/fixed-term contract  Retirement on pension  Early retirement  End of fixed-term contract (redundancy)  Dismissed  Voluntary redundancy  Compulsory redundancy  Unsatisfactory probation  Death in service  Other reason  Ill-health retirement | | | | | | | | | | |
| Remarks  (HR to complete for redundancy) | |  | | | | | | | | |
| **Activity and Location after Leaving** (Please complete, required for HESA purposes) | | | | | | | | | | |
| Working in a Higher Education Institute  Working in another education institute  Working in a research institute (private)  Working in a research institute (public)  NHS/Gen medical/Gen dental practice  Working in another public sector org  Working in the voluntary sector | | | | | (01)  (02)  (03)  (04)  (05)  (06)  (07) | | Working in the private sector  Self-employed  Registered as a student  Retired  Not in regular employment  Not known | | | (08)  (09)  (10)  (11)  (12)  (90) |
| England  Wales  Scotland  Northern Ireland  UK (not otherwise stated) | | | | | (1)  (2)  (3)  (4)  (5) | | Other EU  Non-EU  Not known  Information refused | | | (6)  (7)  (8)  (9) |
| Signatures | | | | | | | | | | |
| Employee | | |  | | | | | Date | | |
| Line Manager | | |  | | | | | Date | | |

**Please complete and return this form to your designated HR Administrative Contact.**