



PLEASE COMPLETE EACH SECTION IN BLOCK CAPITALS WITH BLUE OR BLACK INK. IF ANY SECTION IS NOT APPLICABLE PLEASE ENTER 'NOT APPLICABLE'. A FORM CONTAINING UNCOMPLETED SECTIONS WILL NOT BE ACCEPTED (ALL THREE COPIES TO BE INITIALLY RETURNED TO THE DEPARTMENT OF EMPLOYMENT).
WHITE = DEPARTMENTAL COPY, BLUE = EMPLOYER'S COPY, YELLOW = EMPLOYEE'S COPY

TERMINATION OF EMPLOYMENT

1. Name of business, trade and profession _____
2. Registration number of business, trade or profession _____
(Under Business, Trades & Professions (Registrations) Act 1989)
3. Address of the principal place of business or, in the case of a company, the registered office _____

4. Name of the worker _____
5. Address of the worker _____

6. Identity Card number of the worker _____
7. Address/Location at which the worker is engaged _____

8. Date of Notice of Terms of Engagement of the worker _____
9. Date on which engagement terminated _____
10. Date on which notice of termination given by business, trade or profession _____
11. Date on which notice of termination given by worker _____
12. Reason for termination _____

13. Details of any payments made at the date of termination *(including any payments in lieu of notice, and compensatory payments and any payments in respect of holiday pay, sick pay or redundancy pay)* _____

EMPLOYER

Signature: _____ Name: _____

Position in the business, trade or profession: _____ Date: _____

EMPLOYEE

NOTICE OF ACCEPTANCE OF ABOVE TERMINATION OF EMPLOYMENT

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Profile No.: _____

ACCEPTED BY	DATE	INPUT BY	DATE	C/CHECKED BY	DATE