IPSA
Independent Parliamentary
Standards Authority

Employee Leaver Form

Employee Number

MP's Name CAPITAL LETTERS **Constituency** CAPITAL LETTERS

Employee Details CAPITAL LETTERS

Title   First Name   Surname

Home Address
(to send P45/Payslip)

Postcode

Last day of employment
This is the date when salary will cease)

Holiday Leave Year Starts (DD/MM)   Annual Holiday Entitlement (Days)

Holiday due but not taken (Days)   Holiday taken in excess of entitlement (Days)

Reason for Leaving   Resignation ☐   End of Contract ☐   Redundancy ☐   Retirement ☐   Dismissal ☐

Death in Service ☐

Any additional payments/deductions due (Reason/Amount)

Authorisation & Declaration
✓ I authorise IPSA to cease the payment of salary from my staffing expenditure
✓ I confirm that any payments due were wholly, exclusively and necessarily incurred by my staff of the purpose of supporting my parliamentary duty

MP's Signature: _____   Date: _____

Please send your completed form to IPSA, 4th Floor, 30 Millbank, London SW1P 4DU or place in the drop box in the Members' Centre in Portcullis House.

If you have any questions about completing this form, please call 020 7811 6400.

Payroll use only

Does employee receive a season ticket loan?   Yes ☐   No ☐
Does employee receive any childcare vouchers?   Yes ☐   No ☐

Keyed by *X*_____

Date: _____

Checked by *X*_____

Date: _____