

Employee Numbe	er			
MP's Name	CAPITAL LETTERS	Constituency	CAPITAL LETTERS	
Employee Details	CAPITAL LETTERS			
Title	First Name	Sur	name	
Home Address (to send				
P45/Payslip)			Postcode	
Last day of employ This is the date when s will cease)				
Holiday Leave Year	r Starts (DD/MM)	Annual Ho	oliday Entitlement (D	ays)
Holiday due but no	ot taken (Days)	Holiday taker entitlement (
Reason for Leaving	g Resignation 🗌 En Death in Service 🗌	d of Contract 🗌 🦷 Redu	ndancy 🗌 🦷 Retire	ement 🗌 Dismissal 🗌
Any additional pay	ments/deductions due (Reaso	n/Amount)		
Authorisation &		f colony from my staffing	ovponditure	
✓ I confirm that	PSA to cease the payment o t any payments due were w upporting my parliamentary	holly, exclusively and ne	•	by my staff of the
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.

Data Protection

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Payroll use only		 	
Does employee receive a season ticket loan? Does employee receive any childcare vouchers?	Yes Yes	No No	
Keyed by X			
Date:			
Checked by X	_		
Date:			