



RESIGNATION FORM

THIS FORM SHOULD BE COMPLETED BY THE EMPLOYEE AND RETURNED TO YOUR IMMEDIATE SUPERVISOR. ALL AWARDS AND ENTERPRISE AGREEMENTS SPECIFY A REQUIREMENT OF TWO WEEKS NOTICE, EXCEPT FOR THE FOLLOWING:

- ALHWMU** - **2 WEEKS NOTICE**
- REGISTERED NURSES LEVELS 2 & 3** - **4 WEEKS NOTICE**
- WORKPLACE AGREEMENTS** - **4 WEEKS NOTICE**

EMPLOYEE TO COMPLETE:

NAME: _____ **POSITION:** _____

DEPARTMENT _____ **EXT:** _____

LAST DATE OF EMPLOYMENT: __/__/____

SEPARATION CERTIFICATE REQUIRED **YES** **NO** (*PLEASE CIRCLE*)

FORWARDING ADDRESS FOR PAYMENT SUMMARY: _____

E-mail address: _____@_____

Are you employed on 457 temporary visa: **YES** **NO** (*PLEASE CIRCLE*)

If yes, please notify the Nurse Recruitment Manager, Clinical Services and HR

REASON FOR LEAVING: (*Please tick appropriate responses*)

- | | |
|---|---|
| <input type="checkbox"/> 01 – Approved Early Retirement | <input type="checkbox"/> 02 – Casual Employment Ceased |
| <input type="checkbox"/> 03 – Closure of Hospital | <input type="checkbox"/> 04 – Death – Dependant Payment |
| <input type="checkbox"/> 05 – Death – Other Payment | <input type="checkbox"/> 06 – Death – Trustee Payment |
| <input type="checkbox"/> 07 – Dismissal - Other | <input type="checkbox"/> 08 – Dismissal – Serious Misconduct |
| <input type="checkbox"/> 09 – Dismissal – Unsatisfactory Performance | <input type="checkbox"/> 10 – End of Contract |
| <input type="checkbox"/> 11 – Invalidity | <input type="checkbox"/> 12 – Redeployed |
| <input type="checkbox"/> 13 – Redundancy - Involuntary | <input type="checkbox"/> 14 – Redundancy - Voluntary |
| <input type="checkbox"/> 15 – Resigned – Better Offer | <input type="checkbox"/> 16 – Resigned – Comp Prospect |
| <input type="checkbox"/> 17 – Resigned – Mutual Agreement | <input type="checkbox"/> 18 – Resigned – No Reason Given |
| <input type="checkbox"/> 19 – Resigned – Other | <input type="checkbox"/> 20 – Resigned – Own Business |
| <input type="checkbox"/> 21 – Resigned – Own Prospects | <input type="checkbox"/> 22 – Resigned – Personal Reasons |
| <input type="checkbox"/> 23 – Resigned – Walkout | <input type="checkbox"/> 24 – Retired |
| <input type="checkbox"/> 25 – Special Situation | <input type="checkbox"/> 26 – Transfer to Other Company |
| <input type="checkbox"/> 27 – Working Visa Expired | <input type="checkbox"/> 28 – Not worked in 3 Months |
| <input type="checkbox"/> 29 – Transfer to Casual | <input type="checkbox"/> 30 – New Staret Resigned |
| <input type="checkbox"/> 31 – Travel – Personal | <input type="checkbox"/> 32 – Failed 3/6 Month Probation |
| <input type="checkbox"/> 33 – Casual Not Worked 6 Months + | <input type="checkbox"/> 34 – Maternity / Family Reasons |
| <input type="checkbox"/> 35 – Joining Government Hospital | <input type="checkbox"/> 36 – Dissatisfaction |
| <input type="checkbox"/> 37 – Transfer to Another RHC | <input type="checkbox"/> 38 – Interpersonal Conflict |
| <input type="checkbox"/> 39 – Abandonment of Duty | <input type="checkbox"/> 40 – Transfer to H/O Payroll |
| <input type="checkbox"/> 41 – Another Private Hospital Better Salary | <input type="checkbox"/> 42 - Study |
| <input type="checkbox"/> 43 – Joined Another Organisation | |

EMPLOYEE’S SIGNATURE _____

DATE: __/__/____

MANAGER’S SIGNATURE _____

DATE: __/__/____



RESIGNATION CHECKLIST

Managers: Please separate this form from Resignation Form and send as soon as possible (prior to person's termination) to Security Department.

	Yes	No	N/A
1 Return staff identification badge to Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Return hospital keys to Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Return car parking proximity card to Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Return hospital pager to Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Return hospital mobile phone to Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Return hospital library books to Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Computer User Termination Notification to ISD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Return uniforms to Uniform Store (Support Services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Failure to return any of the above items will result in your final pay being withheld until items have been returned to the Security Department.

NAME: **EMPLOYEE NO:**

FIRE & SECURITY SIGNATURE:

EMPLOYEE'S SIGNATURE:

DATE: