



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