



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.  
THE FORM MUST BE COMPLETED IN TRIPLICATE AND ALL THREE COPIES MUST BE RETURNED TO THE DEPARTMENT OF EMPLOYMENT.

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