**LEAVER FORM**

To ensure correct payment, all necessary information must be received as soon as possible, but at the latest by the 1st of the month. Where documentation is received after this date, it is possible that changes will take effect in the following calendar month. However, HR will make every effort to complete changes for the same calendar month.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal Details** | | | | | | | | | | |
| **Full Name:** |  | | | | | **Employee No:** | |  | | |
| **Termination Date:** | **/** **/** | | | | | **Section / School:** | |  | | |
| **Job Title:** |  | | | | | | | | | |
| **Relevant letter attached** | | |  | | | | | | | |
| **Employee’s personal email address:** | | |  | | | | | | | |
| **If the employee holds more than one position within DCC, please check with the employee if they are leaving all their positions. If an employee is leaving one position only, and will remain in their other position(s), please complete the ‘INTERNAL’ section of this form.** | | | | | | | | | | |
| **Reason for Leaving – INTERNAL (employee is moving to another post within DCC)** | | | | | | | | | | |
| **Resignation**  Attach resignation letter | | | |  | **End of Fixed Term contract** | | | |  | |
| **Redeployment**  Please confirm reason for redeployment:  Medical  Redundancy  Employees choice during capability process | | | |  | **Secondment** (please state department/Authority employee is being seconded to) | | | |  | |
| **TUPE Transfer** | | | |  | **Re-organisation** | | | |  | |
| **End of Grant Funding** | | | |  | **Other** (please state) | | | |  | |
| Which team and service is the employee moving to? | | | | **Team:**  **Service:** | | | | | | |
| Following discussion with the employee, please provide further details as to the reason(s) they are leaving their current post. | | | |  | | | | | | |
| If the employee holds more than one position in DCC, are they leaving all posts? (if unsure, please check with the employee) | | | | **Yes**  **No**  If no, Please state which position(s) the employee is to remain in | | | | | | |
| **Reason for Leaving – (employee is leaving DCC)** | | | | | | | | | | |
| **Resignation**  Attach resignation letter | | | |  | **End of Fixed Term contract** | | | |  | |
| **Retirement**  Employee’s decision to retire, no cost to the authority / no actuarial reduction | | | |  | **Dismissal - Conduct**  Attach details | | | |  | |
| **Retirement – Cost to the Council**  Employer Consent – cost to the council  Attach figures/details | | | |  | **Dismissal – Sickness Absence**  Is the employee considering Ill Health Retirement? | | | |  | |
|  | | | |  |  | | | | Yes  No |  |
| **Redundancy**  Attach figures / details | | | |  | **Voluntary Redundancy**  Attach figures / details | | | |  | |
| If redundancy, does employee have two or more years continuous service? | | | | Redundancy payment will be applicable | | | | | | |
| **Death in Service** | | | |  | **Data Cleansing**  Only to be used for supply positions | | | |  | |
| **Offer of employment withdrawn** (please provide the reason) | | | |  | **TUPE Transfer** | | | |  | |
| **Transfer to another Local Authority/Public Authority** (please state name of Authority) | | | |  | **Other** (please state) | | | |  | |
| Following discussion with the employee, please provide further details as to the reason(s) they are leaving their current post **and** DCC. | | | |  | | | | | | |
| If the employee holds more than one position in DCC, are they leaving all posts? (if unsure, please check with the employee) | | | | **Yes**  **No**  Please state which position(s) the employee is to remain in | | | | | | |
| **If the employee is to remain on Supply, please ensure an appointment form for the supply position is submitted alongside the leaver form. Failure to submit the appointment form at the same time as the leaver form will result in the employment record being ended and the P45 issued.** | | | | | | | | | | |
| **Important – Information for the section on Payments & Deductions**  **HR will need to know the employee’s leaving date before annual leave can be calculated. Please do not use the information held in Vision Time to determine this. Please call the HR Helpdesk (x6200) for further instructions before completing the next section.**  **All figures should be in decimal hours e.g. 7 hours 24 minutes = 7.4**  **You will be asked to provide the agreed leaving date and any further changes in contract hours before that date.** | | | | | | | | | | |
| **Payments and Deductions**  **Failure to fully complete this section may result in an overpayment being made to the employee.** | | | | | | | | | | |
| A) Annual leave carried over from previous leave year | | | | | | |  | | | |
| B) Annual leave/BH entitlement as provided by the HR Helpdesk | | | | | | |  | | | |
| C) Annual leave/BH leave already taken | | | | | | |  | | | |
| D) Annual leave/BH leave planned | | | | | | |  | | | |
| Remaining leave entitlement (A + B – C – D)  (A minus figure will result in a recovery of annual leave paid) | | | | | | |  | | | |
| **ANY further changes to the leaving date, contract hours or sections C and D will change the amount to be paid. It is the manager’s responsibility to contact the Payroll department if the remaining leave figure changes and avoid over/under payment.** | | | | | | | | | | |
| **Relocation expenses to be recovered?** | | If yes, please state amount £ | | | | | | | | |
| **Training cost to be recovered?** | | If yes, please state amount £ | | | | | | | | |
| **Payment in lieu of notice?** | | If yes, duration in weeks (max 12) | | | | | | | | |
| **Lease car** *–* employee to notify Payroll | | If yes, date employee notified Payroll | | | | | | | | |
| **Tusker salary sacrifice car** – employee to notify Payroll | | If yes, date employee notified Payroll | | | | | | | | |
| **Cycle to Work Scheme** – employee to notify Payroll | | If yes, date employee notified Payroll | | | | | | | | |
| **Relocation expenses –** refer to Relocation Policy | | If yes, date employee notified Payroll | | | | | | | | |
| **Vision Time user?** | | If yes, employee will be removed from system on termination date. Employee to be notified to reduce any credit balance prior to leaving as flexitime hours will not be recompensed. | | | | | | | | |
| **Does the employee manage or supervise any staff?** | | If yes;  Name of staff employee currently manages/supervises:  Name of person above staff will now report to : | | | | | | | | |
| **Any other relevant details** (e.g. Name of HR support if HR process has been followed)**:** | | | | | | | | | | |

|  |  |  |
| --- | --- | --- |
| **Equipment / items to be recovered** | | |
|  | **Tick** | **Date actioned** |
| HR items - ID Card, Door Fobs (please return to HR) |  |  |
| Keys / Car Fobs / Radio / Pager / First aid box / Personal alarm |  |  |
| Protective clothing / Uniform / Tools |  |  |
| Laptop / Mobile phone / Tablet / Camera / ICT equipment |  |  |
| Job related records – e.g. Log books, work notebooks, parking permit |  |  |
| Company credit card (please return to Finance department) |  |  |
| Other: |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Head Teacher / Line Manager’s Declaration**  **Email signatures are acceptable if sent from the approver’s mailbox. Emails sent on behalf of approver will not be accepted** | | | | | |
| I have completed this form fully and understand that failure to do so will result in the form being returned and the details not being processed. | | | | |  |
| I have ensured that all relevant documentation is attached where possible. | | | | |  |
| I have asked the employee to complete the Exit Questionnaire (link to be provided in leaver letter sent from HR) | | | | |  |
| I have completed the leaver form on the ICT Customer Hub. | | | | |  |
| Will this position be recruited to once the employee has left? | | |  | | |
|  | **Signed / Printed Name** | | | **Date** | |
| **Head Teacher / Line Manager** |  | | |  | |
| **HR Staff: I have checked the iTrent structure for any reporting changes** | |  | |  | |

Please email this form to [hrdirect@denbighshire.gov.uk](mailto:hrdirect@denbighshire.gov.uk) without delay.

Mae’r ddogfen hon ar gael yn Gymraeg. This document is available in Welsh.