**LEAVERS**

**FORM**

**Section 1 must be completed by the employee and the remainder of the sections completed by the line manager/Headteacher. Please send a copy of the leavers form to** [**payroll-pensions@reachsouth.org**](mailto:payroll-pensions@reachsouth.org) **retaining a copy for the personnel file.**

|  |  |  |  |  |  |  |
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| **SECTION 1: LEAVERS DETAILS** | | | | | | |
| **Surname:** |  | **First Names(s):** | |  | | |
| **Post (please state the post(s) this leavers form refers to):** | |  | | | | |
| **Payroll No:** |  | **Location/School** | |  | | |
| **Do you subscribe to childcare vouchers?** | | **YES** |  | | **NO** |  |

|  |  |  |  |  |  |
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| **Address for Further Correspondence (P45 etc)** | | |  | | |
| **Address Line 1:** | | |  | | |
| **Address Line 2:** | | |  | | |
| **Address Line 3:** | | |  | | |
| **City:** |  | | **County:** |  | |
| **Postcode:** |  | | **Email address:** |  | |
| **Reason for Leaving:** | |  | **Destination on Leaving:** | |  |

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| --- | --- | --- | --- |
| **SECTION 2: EMPLOYEES DECLARATION/AUTHORISATION** | | | |
| **As the employee I confirm the details on this leavers form above are accurate.** | | | |
| **Signature:** |  | **Date:** |  |

|  |  |  |  |  |  |  |  |
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| **SECTION 3: LINE MANAGER/HEADTEACHER** | | | | | | | |
| **Last Working Day:** |  | **Last Day of Service (only applicable to extend over a weekend for continuous**  **service** | | | |  | |
| **Leave outstanding to**  **be paid as pensionable earnings**  **with final pay:** |  | | **Leave overtaken to**  **be recovered from**  **final pay:** | |  | | |
| **Any additional payments (e.g. Payment in Lieu of Notice). Please further details:** | | |  | | | | |
| **Has equipment, keys etc been returned:** | | | **YES** |  | **NO** | |  |
| **If not, date when these will be returned** | | |  | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **EXECUTIVE BUSINESS MANAGER CONFIRMATION** | | | |
| **Where there are additional payments to be made to the employee on leaving their employment the EBM must also confirm these payments by signing this form as confirmation these payments are in the budget.** | | | |
| **Signature:** |  | **Date:** |  |
| **SECTION 4: LINE MANAGERS DECLARATION/AUTHORISATION** | | | |
| **As the line manager I confirm the details on this leavers form are accurate. Where there are additional payments to be made to the employee on leaving the Headteacher must sign his form as the Line Manager.** | | | |
| **Signature:** |  | **Date:** |  |