



CESSATION FORM

HR 12

This form is to be used to advise Human Resources of an employee ceasing employment with the University.

Section A - The following sections are to be completed by the Employee:

Employee Information

Employee Number _____

Family Name _____ Given Names _____

Forwarding Address (Residential Address for Payment Summary): _____

Organisation / Department: _____

Cessation Date

Date : _____

I will take _____ days annual leave before my termination date between _____ and _____ inclusive.

or

My last taken annual leave was between _____ and _____ inclusive.

Final Payment

Your final pay will be paid directly into your bank account on the next normal pay day.

Do you wish to transfer your membership of APP or DBP/ICP to another tertiary institution?

Y N Name of Institution: _____

Signature of Employee

Signature of Employee _____ Date _____

Information collected on this form will become part of your employment record. It will be stored securely and only used or released in accordance with the University's privacy policy (refer: www.unimelb.edu.au/unisec/privacypolicy.htm)

Section B - The following sections are to be completed by the Organisation/Department:

Reason for Cessation

- Resignation (Please attach letter)
- Retirement
- Dismissal/Termination
- Completion of fixed term appointment. (If External Funding has ceased or Contingency is invoked, please provide a reason).
Reason _____
- Early Retirement (prior approval required)
- Death
- Other _____

Costing Allocation and Position Information

Costing allocation details for termination payments if different from the current costing allocation.

Co	Dept	Section	Project	Group	Activity	Location	%

Position Number: _____ Do you wish to close this position? Yes No

NOTE: If the employee is leaving more than one position/assignment, a separate HR12 form must be completed for each position vacated.

Approvals

Does this staff member have Themis HR supervisor responsibility? Yes No

If yes, please complete HR 14 Form - Changes to Supervisor and Workflow Coordinator.

Head of Department (Level 2 delegation) Date _____

Human Resources Use Only

Processed By: _____ Date _____ Pay Period _____ Validated By _____