

DETAILS OF EMPLOYEE TERMINATION



Please complete in pen using **BLOCK** letters. Print "X" to mark boxes where applicable.
Form must be completed in full.



This form is to be completed when an employee is terminated or resigns, not when they are transferred between companies.

TERMINATED FROM (NAME OF EMPLOYER)

PERSONAL DETAILS OF EMPLOYEE

Given name	<input type="text"/>	Member number	<input type="text"/>
Surname	<input type="text"/>	Date of birth	<input type="text"/>
Employee trade	<input type="text"/>		
Current address	<input type="text"/>		
Suburb	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Telephone	Mobile	Facsimile	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email address	<input type="text"/>		

SICK LEAVE ENTITLEMENTS DETAILS

Date of first CIPQ contribution:

Date of last CIPQ contribution:

Total number of sick days taken during his/her employment: days

The Commencement and Termination dates are important as they enable us to work out what sick days have been allocated for 12 months in advance (ie: the anniversary dates as per the award entitlement). **No employee is entitled to more than 10 sick days in one year.**



Please sign this form.

AUTHORISATION

Employer to sign here

Date

Position

Print name in full

Office use only

A =	<input type="text"/>	Total CIPQ weeks paid by employer for employee
B =	<input type="text"/>	1.85 hours (weekly accumulation)
C =	<input type="text"/>	Days taken as recorded on termination form
A x B - C =	<input type="text"/>	Days to be recorded



If you require assistance please call CIPQ Administration on **1300 261 114**.



Or email us at enquiries@cipq.com.au

Please return this completed form to:

CIPQ, PO Box 805, SPRING HILL QLD 4004
Level 1, 35 Astor Tce, SPRING HILL QLD 4004
Tel: 1300 261 114 | Fax: 07 3832 3799 | Web: www.cipq.com.au

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Request approved by	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>