



Staffing Directorate
151 Royal Street, East Perth 6004 PH: 9264 441247 FAX: 9264 44658134

District/Directorate | : |

TERMINATION ADVICE – All Employees

1. EMPLOYEE DETAILS

SURNAME (BLOCK LETTERS)		OTHER NAMES		ID NUMBER:
LOCATION	Department Code	School / District Office / Branch / Section		SCANNING CODE: TER
				EFFECTIVE DATE:
UNION	Teachers <input type="checkbox"/>	Public Service <input type="checkbox"/>	Govt Officer <input type="checkbox"/>	Ministerial Officer <input type="checkbox"/>
Other <input type="checkbox"/> <small>Please specify</small>				
POSITION	Position / Role		Level	Position Number
EMPLOYMENT STATUS	PTA <input type="checkbox"/>	PROBATION <input type="checkbox"/>	PERMANENT <input type="checkbox"/>	CASUAL <input type="checkbox"/>
FIXED TERM <input type="checkbox"/>				

FORWARDING ADDRESS

Address: _____ Suburb: _____ Postcode: _____

2. EMPLOYEE INITIATED TERMINATIONS:

- | | |
|---|---|
| <input type="checkbox"/> Exchange Completed | <input type="checkbox"/> Resigned - Other Work |
| <input type="checkbox"/> Expiry of fixed term | <input type="checkbox"/> Resigned - Pay Level |
| <input type="checkbox"/> Promotion to other Public Sector agency | <input type="checkbox"/> Resigned - Pregnancy/IVF |
| <input type="checkbox"/> Redeployment to other Public Sector agency | <input type="checkbox"/> Resigned - Teaching Non Govt |
| <input type="checkbox"/> Resigned - Contest Federal Parliament | <input type="checkbox"/> Resigned - Teaching Interstate |
| <input type="checkbox"/> Resigned - Family Responsibilities | <input type="checkbox"/> Resigned - Workers Compensation |
| <input type="checkbox"/> Resigned - Full Time Study | <input type="checkbox"/> Resigned - Working Conditions |
| <input type="checkbox"/> Resigned - Ill Health (<i>Attach Supporting Documentation</i>) | <input type="checkbox"/> Retired - Voluntary (Must be over 55) |
| <input type="checkbox"/> Resigned - Job Dissatisfaction | <input type="checkbox"/> Secondment Completed |
| <input type="checkbox"/> Resigned - Location | <input type="checkbox"/> Transfer to other Public Sector agency |
| <input type="checkbox"/> Resigned - Other Reason | <input type="checkbox"/> Deceased |

3. EMPLOYER INITIATED TERMINATIONS: (use on advice by Staffing Directorate only)

- | | |
|---|--|
| <input type="checkbox"/> Abandonment | <input type="checkbox"/> Probation Terminated |
| <input type="checkbox"/> Alteration of Contract | <input type="checkbox"/> Redundancy |
| <input type="checkbox"/> Dismissal with notice - Ill Health | <input type="checkbox"/> Retirement - Incapacity |
| <input type="checkbox"/> Dismissal with notice - Misconduct | <input type="checkbox"/> Summary Dismissal |
| <input type="checkbox"/> Dismissal with notice - Unsatisfactory Performance | |

Employee has Multiple ID's? Yes No

Last Working Day Date: / / a.m. p.m

4. EMPLOYEE SIGNATURE

Signature: _____ Date _____

5. SIGNATURE OF PRINCIPAL / REGISTRAR / OFFICER IN CHARGE

EXIT INTERVIEW CONDUCTED Yes No EXIT SURVEY ISSUED Yes No

If the employee has ceased employment (or will cease within the next 14 days) please also inform the Staffing Directorate by telephone immediately to avoid overpayment of salary or wages.

NOTE : If the employee has provided separate documentation, please attach to this advice.

Signature _____ Title _____ Date _____

6. STAFFING DIRECTORATE USE ONLY - CESSATION NOTED

Signature _____ Title _____ Date _____