

Direct Payment Finance- Payroll Department

# Employee Leaving Form

|  |  |
| --- | --- |
| Employer   |   |

|  |  |
| --- | --- |
| Employee:  |    |
| Title:  |    |
| Surname:  |    |
| Forename(s):  |    |
| Address :  |        |

# Leaving details

|  |  |
| --- | --- |
| Date of Leaving:  |    |
| Date of last timesheet to be processed:  |    |
| Is any notice period included?  |    |

# Outstanding Holiday

|  |  |
| --- | --- |
| Days/hours already taken  | Days/hours owed to employee  |
|  |  |

**Signed/dated (Employer)**

DRC, Room 1, The Rufus Centre, Steppingley Road, Flitwick, MK45 1AH

Email to: financequeries@drcbeds.org.uk