

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)**



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