**Employee Leaver Form**

**(to be completed by the line manager)**

**Last Updated: September 2024**

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| **1) EMPLOYEE DETAILS** |
| Employee Number: | **Home/forwarding address of leaving employee:** |
| Name: |
| School/department:  |
| Leaving date:(please give the last day of employment) |
| Employee personal email address:  |
| Redeployee registered on redeployment list?[ ]  Yes [ ]  No |
| **2) REASON FOR LEAVING** (please tick) |
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| [ ]  Retirement**\*** [ ]  Resignation**\***[ ]  Transfer to another school/department within UoN[ ]  End of fixed-term contract/funding[ ]  TUPE transfer (out) | [ ]  Retirement due to ill health\*[ ]  Death in service [ ]  Dismissal[ ]  Voluntary severance[ ]  OTHER (please indicate in the space below) |
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Project code to be charged for redundancy payments\*\* [ ]  Payment to be shared with other schools/departments\*\*\*Give details:\* A copy of the notice of retirement or resignation must be attached to this form\*\* In certain circumstances, individuals on fixed-term contracts with two or more years’ continuous service with the University are entitled to a redundancy payment\*\*\* Costs will be apportioned to previous schools/departments based on service |
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| **3) DESTINATION for HESA purposes, applies to ALL staff, except O&F staff** (please tick **1** in each Section) |
| **A** | [ ]  Working in a higher education institution[ ]  Working in another education institution[ ]  Working in a research institute (private)[ ]  Working in a research institute (public)[ ]  NHS/general medical/dental practice[ ]  Working in another public sector organisation[ ]  Working in the voluntary sector[ ]  Working in the private sector[ ]  Self-employed[ ]  Registered as a student[ ]  Retired[ ]  Not in regular employment[ ]  Death[ ]  Not known (employee does not know)[ ]  Information refused (employee has refused to provide this information)[ ]  Not provided (employee has not answered this question) | **B** | [ ]  England[ ]  Wales[ ]  Scotland[ ]  Northern Ireland[ ]  UK (not otherwise specified)[ ]  Other EU[ ]  Non-EU[ ]  Not known (employee does not know)[ ]  Information refused (employee has refused to provide this information)[ ]  Not provided (employee has not answered this question) |
| **4) ANNUAL LEAVE (please tick and enter amount in days or hours)** |
| Arrangements should be made for outstanding annual leave to be taken prior to leaving. Any remaining balance for purchased annual leave will be made from the final salary payment. If due to operational reasons this is not possible, please confirm the outstanding annual leave entitlement to be paid on termination. Alternatively, where annual leave has exceeded the leave entitlement, please state the excess to be recovered from the final salary payment:[ ]  **Leave outstanding: days/hours (delete as applicable)****[ ]  Excess leave taken: days/hours (delete as applicable)** |
| **5) FRACTIONAL (term-time) CONTRACT DETAILS** (please tick and enter amount in weeks or hours) |
| If fractional, please specify number of weeks (or hours if an irregular working pattern) worked to leaving date since the anniversary date of the fractional appointment:[ ]  **Fractional weeks/hours worked (delete as applicable)** |
| **6) REPAYMENT OF EMPLOYEE BENEFITS** |
| Please note that **no repayments** are required where the employment with the University ends because the fixed-term contract has come to an end, or if the employee has been made redundant. If this is the case, please tick here:[ ]  **Fixed-term contract end**[ ]  **Redundancy** Arrangements should be made for repayment of the following employee benefits prior to the contract end date in cases of resignation.[ ]  [Immigration visa reimbursements](https://www.nottingham.ac.uk/jobs/moving-to-nottingham/international-applicants/immigration/financial-support-for-visas-and-the-immigration-health-surcharge.aspx)(Repayment of immigration visa fees are 100% within a year of reimbursement date; 75% within the second year of reimbursement; 50% within the third year of reimbursement) If a visa reimbursement(s) was received from the University, please confirm the date(s) when the reimbursement(s) were received (dd/mm/yyyy):**Click or tap to enter a date.**[ ]  [Immigration visa loan](https://www.nottingham.ac.uk/jobs/moving-to-nottingham/international-applicants/immigration/financial-support-for-visas-and-the-immigration-health-surcharge.aspx)Please note that Payroll will be in contact to arrange full repayment for the immigration visa loan fees prior to the end of the contract. [ ]  [Removal expenses/relocation costs](https://www.nottingham.ac.uk/hr/guidesandsupport/recruitmentandinduction/recruitment/removal-expenses.aspx)(The repayment of removal expenses is 100% within a year of appointment; 75% within 1 year-18 months of appointment; 50% within 18 months-2 years of appointment)If a removal expenses reimbursement was received, please confirm the date when the reimbursement was received (dd/mm/yyyy):**Click or tap to enter a date.**For the following benefits, please note that the full amount will be taken from the remaining salary payments regardless of how the contract ended (ie redundancy, fixed-term contract end date, resignation, etc).[ ]  [Car lease scheme](https://www.uonemployeehub.com/car-leasing.aspx)[ ]  [Cycle2Work](https://uon.salarydeductplatform.com/Information/Index/22222)[ ]  [Annual leave purchase](https://uon.salarydeductplatform.com/Information/Index/22542)[ ]  [AXA private medical insurance](https://www.uonemployeehub.com/2493.aspx)[ ]  [Health cash plan](https://www.uonemployeehub.com/westfield-cash-health-plan.aspx)Please note that the repayment process of the benefits will be handled by Payroll in its entirety if all amounts due can be wholly recovered from the final payslip; contact payroll (email: bb-payroll@exmail.nottingham.ac.uk) for any questions on this process. Where this is not possible, the *Universities Credit Control Team* will be in contact to arrange a payment plan with the employee which Payroll will then facilitate; contact (email: external-debtagency@nottingham.ac.uk) for any questions on this process. |
| **7) AUTHORISATION** |
| **Leaver checklist completed** (please tick): [ ]  **Name: ……………………………………………………………… Signed: ………………………………………** **Date: ……….……………...........................................................****(Head of School/Department or designated person)****Contact Name: ………………………………………………………………………...................................................****Telephone No: …………………………………………...........................................................................................****(Please provide a contact for enquiries on the above information)** |