

Please submit to the **Employment Changes Team** hrchanges@gov.im

2nd Floor, Iliam Dhone House, Circular Road, Douglas, IM1 1AG

Leavers Form



IMPORTANT! If the employee/worker is moving to another Government Department this form should not be completed. If you are unsure please contact the Employment Changes Team on **694303** or via hrchanges@gov.im.

This form should be completed by the line manager and, where practicable, signed by both the employee and line manager to confirm the details are correct. The Office of Human Resources will verify the change and issue confirmation as appropriate and inform the Public Sector Pensions Authority, as necessary.

Full Name of Employee:			
Personal Reference Number			
Department:		Division/School/Service:	
Job Title:		PiP Position Reference:	
Forwarding Address:		Email Address:	
Date Notice Given:		Last Date of Employment: (include outstanding leave unless payment is being authorised)	
Reason for Leaving			
Dismissal 1. Performance 2. Attendance 3. Conduct 4. Redundancy 5. Statutory Duty (Eg lack of visa/work permit) 6. SOSR	Resignation 7. Personal Choice 8. Career Break 9. Mutually Agreed Resignation (MARS) 10. Voluntary Redundancy Scheme (VRS) 11. Other Settlement Agreement	Retirement 12. Age 13. Ill Health 14. Police Retirement	Other 15. Death in Service 16. End of limited term (LESS than 2 years' service) 17. End of limited term (MORE than 2 years' service) 18. Transfer to other Government Body 19. End of Apprenticeship or Training programme
Please indicate the reason for leaving by inserting the appropriate code in this box:			
Leave Entitlement			
Outstanding annual leave/time owing due to the employee should be taken prior to the last working day whenever possible. The following section should only be completed if payment to the employee for outstanding leave/time owing is being authorised or the employee has taken too much leave and repayment is being authorised.			
Note: this section is not applicable for term time only staff in the Department of Education, Sport and Culture			
Time owing for which payment is due to the employee:		Hours	Days
Annual Leave for which payment is due to the employee:		Hours	Days
Annual Leave taken above entitlement for which repayment is due to the Department:		Hours	Days
Any Other Additional Information			
<i>For example: Indicate here if DESC and employee wishes to join the relief/supply list.</i>			
Declaration			
By signing this form you are confirming the leave entitlement and any additional information supplied is correct and any deductions / payments can be made to your final salary.			
Employees Signature:			Date:
Manager's Name (please print):		Signature:	Date: