| To be completed by the Line Manager | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** |  | | | | | | | | | |
| **Employee number** |  | | | | | | | | | |
| **School/Dept/Inst.** |  | | | | | | | | | |
| **Post title** |  | | | | | | | | | |
| **Last day of service** |  | | | | | | | | | |
| **Last working day** |  | | | | | | | | | |
| **Home address for correspondence (e.g. P45 and final payslip)** |  | | | | | | | | | |
| **Amount of outstanding leave to be paid on termination** | | | |  | | **Amount of overspent leave to be deducted on termination** | | |  | |
| **Budget code to which outstanding leave can be charged** | | | |  | | | | | | |
| **Does the employee currently have a Season Ticket or Cycling Loan?** | | | | Yes  No  (If yes, please provide details below) | | | | | | |
|  | | | | | | | | | | |
| **Reason for leaving** (Tick appropriate box)  Resignation  End of temporary/fixed-term contract  Retirement on pension  Early retirement  End of fixed-term contract (redundancy)  Dismissed  Voluntary redundancy  Compulsory redundancy  Unsatisfactory probation  Death in service  Other reason  Ill-health retirement | | | | | | | | | | |
| **Remarks**  (For HR in case of redundancy) | |  | | | | | | | | |
| **Activity and Location after Leaving** *(Please note: This section is mandatory as it is required for HESA purposes)* | | | | | | | | | | |
| Working in a Higher Education Institute  Working in another education institute  Working in a research institute (private)  Working in a research institute (public)  NHS/Gen medical/Gen dental practice  Working in another public sector org  Working in the voluntary sector | | | | | (01)  (02)  (03)  (04)  (05)  (06)  (07) | | Working in the private sector  Self-employed  Registered as a student  Retired  Not in regular employment  Not known | | | (08)  (09)  (10)  (11)  (12)  (90) |
| England  Wales  Scotland  Northern Ireland  UK (not otherwise stated) | | | | | (1)  (2)  (3)  (4)  (5) | | Other EU  non-EU  Not known  Information refused | | | (6)  (7)  (8)  (9) |
| Signatures | | | | | | | | | | |
| Employee | | |  | | | | | Date | | |
| Line Manager | | |  | | | | | Date | | |

**Please complete and return this form to your designated HR Operations** [**central email inbox**](https://hr.qmul.ac.uk/oleeo/hr-recruitment--hr-operations-team/)**.**