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| **EMPLOYEE LEAVER FORM** | | | | | | | | | | | | | | | **Tower Hamlets GP Care Group** | | | | | | | | | | | | | | | | |
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| **SECTION 1 – EMPLOYEE DETAILS – For Completion by manager** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Full Name** | | | | | | | | | | | **VPD** | | | | | | | **Assignment Number** | | | | | | | | | | | | | |
| **0** | | | **7** | | **2** | |  |  |  | |  |  | |  |  |  | | |  | |
| **Department** | | **Workbase** | | | | | | | **Post Title** | | | | | | | | | | | | | | | | | | | | | | |
| **Last day in the office (date)** | | | | | | **Last day of service (if contracted hours worked, this day should be a Sunday)** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Balance of leave entitlement to pay (in hours)** | | | | | | **Leave entitlement to be recovered (in hours)** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Lieu time to pay (in hours)** | | | | | | **Payment in lieu of notice (stipulate number of days, weeks or hours)** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Annualised hours surplus/deficit to pay or recover (please stipulate in hours)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reclaim overpaid training expenses [state amount]** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **SECTION 2 – CONTACT DETAILS FOR FUTURE CORRESPONDENCE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Telephone Number:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Email address:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Home address:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **SECTION 3 – REASON FOR LEAVING - For Completion by manager** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **VOLUNTARY RESIGNATION** | **Adult Dependents** | |  | | **Work/Life Balance** | | | | | | | |  | | **Relocation** | | | | | | | | | | | | | | | |  |
| **Lack of Opportunites** | |  | | **Promotion** | | | | | | | |  | | **Other/Unknown** | | | | | | | | | | | | | | | |  |
| **Better Reward Package** | |  | | **Health** | | | | | | | |  | | **Incompatible Working** | | | | | | | | | | | | | | | |  |
| **Child Dependents** | |  | | **Undertaking Education/Training** | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **DISMISSAL** | **Capability** | |  | | **Conduct** | | | | | | | |  | | **Statutory Reason** | | | | | | | | | | | | | | | |  |
| **Other Substantial Reason** | |  | | **Ill Health** | | | | | | | |  | |  | | | | | | | | | | | | | | | |  |
| **END OF FIXED TERM CONTRACT** | **End of Fixed term Contract** | |  | | **Other** | | | | | | | |  | | **End of Work Requirement** | | | | | | | | | | | | | | | |  |
| **Completion of Training Scheme** | |  | | **Bank Staff not fulfilled minimum working requirment** | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **RETIREMENT** | **Ill Health** | | | | | | | | |  | | **Age** | | | | | | | | | | | | | | | | | | |  |
| **Flexi Retirement** | | | | | | | | |  | | **Voluntary Early Retirement** | | | | | | | | | | | | | | | | | | |  |
| **REDUNDANCY** | **Compulsory** | | | | | | | | |  | | **Voluntary** | | | | | | | | | | | | | | | | | | |  |
| **OTHER** | **Death in Service** | | | | | | | | |  | | **Pregnancy** | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | |  |
| **SECTION 4 – DESTINATION ON LEAVING – for completion by manager** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NHS Organisation – Name of NHS Organisation if applicable** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| **General Practice** | | | |  | | | | **Other Public Sector** | | | | | | | | | | | | | | | | | | | |  | | | |
| **Abroad (Non- EU Country)** | | | |  | | | | **Education Sector** | | | | | | | | | | | | | | | | | | | |  | | | |
| **Social Services** | | | |  | | | | **Abroad (EU Country)** | | | | | | | | | | | | | | | | | | | |  | | | |
| **Self Employed** | | | |  | | | | **Return to Practice** | | | | | | | | | | | | | | | | | | | |  | | | |
| **Armed Forces** | | | |  | | | | **Education/Training** | | | | | | | | | | | | | | | | | | | |  | | | |
| **Private Health/Social Care** | | | |  | | | | **No Employment** | | | | | | | | | | | | | | | | | | | |  | | | |
| **Prison Service** | | | |  | | | | **Other Private Sector** | | | | | | | | | | | | | | | | | | | |  | | | |
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| **SECTION 5 – SUPERVISOR SELF SERVICE – For Completion by manager** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the employee have Supervisor Self Service responsibilites? (If yes, please attach a separate list of who they supervise and who those individuals will now be supervised by) | | | | | | | | | | | | | | | | | **YES** | | | |  | | | **NO** | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 6 –EMPLOYEE BENEFITS For Completion manager and employee** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Does the employee have a lease car?** | | | | | | | | | | | | | | | | | **YES** | | | |  | | | **NO** | | | | |  | | |
| **Is the employee a member of the Bike Scheme?** | | | | | | | | | | | | | | | | | **YES** | | | |  | | | **NO** | | | | |  | | |
| **Is the employee a member of the Computer Scheme?** | | | | | | | | | | | | | | | | | **YES** | | | |  | | | **NO** | | | | |  | | |
| **Has the employee signed a Training Agreement?** | | | | | | | | | | | | | | | | | **YES** | | | |  | | | **NO** | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 7 –PENSION SCHEME - Employee** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please contact your Pension provider direct if you wish to discuss your options with regard to your Pension.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employee Signature** | | | | | | | **Date** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Manager Name** | | | | | | | **Manager Post Title** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Manager Signature** | | | | | | | **Date** | | | | | | | | | | | | | | | | | | | | | | | | |
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| **The Staff Leaver process to be followed:**   1. Manager completes Employee Leaver Form with employee 2. Manager completes Checklist for Leavers with employee 3. Employee signs both forms to confirm details are correct 4. Manager signs both forms to confirm details are correct 5. Manager gives copy of both forms to the employee for their records | | | | | | | 1. Manager scans and emails Employee Leaver Form to Payroll and HR for processing 2. Manager scans and emails Checklist for Leavers to HR for processing 3. HR Administrator places copy of both forms on the employee file and closes the file 4. Manager gives employee a copy of the Employee Exit Survey | | | | | | | | | | | | | | | | | | | | | | | | |

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