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| **RESIGNATION ADVICE FORM** |

**Please complete, SCAN and** [**EMAIL**](mailto:hrservicecentre@adelaide.edu.au) **to Human Resources Branch, Division of Services and Resources**

This form must be used by a staff member to advise of their resignation from the University. (If the staff member has provided a personal resignation letter it should be attached).

Please ensure this form is forwarded to your supervisor at least 2 weeks before your resignation date to ensure that final monies can be processed in the next available pay following your resignation date.

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| **STAFF MEMBER DETAILS** |

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| **Staff ID** |  | **School/Branch** |  |

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| **Title** |  | **Family name** |  | **Given names** |  |

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| **Position Title** |  | **Work phone** |  |

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| **RESIGNATION DETAILS** |

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| **Resignation date** | / / |
| (This is your last day of paid employment, the date you intend to separate from the University.) | |

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| **Leave** |
| Please ensure that any leave taken prior to the resignation date is entered and approved in Staff Services Online (SSO), at least two weeks prior to your resignation date. |

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| **Workers Compensation** |
| I have a currentworkers compensation claim in progress with the University?  Yes  No |

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| **TAX: INCOME STATEMENT and PAYMENT SUMMARY** |
| I have downloaded copies of my previous year Payment Summaries from Staff Services Online (SSO)  Yes  Commencing in the 2018/2019 tax year, end of financial year statements will be issued as an Income Statement via [myGov](https://my.gov.au/LoginServices/main/login?execution=e2s1), generated by the Australian Taxation Office (ATO). |

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| **EXIT INTERVIEW** |
| If you wish to have an opportunity to attend an exit interview please contact an HR Advisor (ext 31111) to organise a meeting time. |

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| **STAFF MEMBER’S SIGNATURE** |
| I have advised my supervisor of my intention to resign/retire and confirm that all above details are correct.  I will return all University property (including equipment and ID, building access and credit cards) prior to my last day with the University.  Signature .................................................................................................................................... Date ................................. |

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| **ACKNOWLEDGEMENT** |
| **Supervisor**  I acknowledge receipt of the Resignation Advice Form and the notice period is in line with the Enterprise Agreement. I confirm that any leave taken up to and including the resignation day will be entered and approved in SSO at least two weeks prior to the resignation date.  Supervisor’s Name: ..............................................................Signature: ............................................. Date: ................................. |
| **Head of School/Branch**  I note that any overpayment that may arise due to the late entry and approval of leave will not be recovered and will result in a budgetary impact to the area.  Name: ........................................................................... Signature: Date: ....................................... |

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