

RESIGNATION ADVICE FORM

Please complete, **SCAN** and **EMAIL** 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.

STAFF MEMBER DETAILS

Staff ID		School/Branch	
Title	Family name	Given names	
Position Title			Work phone

RESIGNATION DETAILS

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

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.

Workers Compensation

I have a current workers compensation claim in progress with the University? Yes No

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](#), generated by the Australian Taxation Office (ATO).

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.

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

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: