

CAREGIVER NAME:	CAREGIVER #:
POSITION:	DEPARTMENT/WARD:
DIVISION:	TERMINATION DATE:/...../.....
PERSONAL EMAIL ADDRESS:	(LAST DAY OF EMPLOYMENT)
POSTAL ADDRESS:	
Please tick if you require any of the following: <input type="checkbox"/> Statement of Service <input type="checkbox"/> Centrelink Employee Separation Certificate	
** NOTICE TO CAREGIVERS **: Please ensure you download all your MyLearning & MyPay history before your last day of service. It will not be available to you after this time.	

Complete this section for INTERNAL TRANSFERS only

If the Caregiver is transferring to another Division, please provide the following details:

New Division New position

Reason for Leaving (excluding internal transfers)
 Please circle the **primary** reason for the resignation/termination. This is important information for SJGHC in determining the reason for why a caregiver is leaving:

END: End of contract	RET: Retirement	RST: Study	RPL: Parental
RCC: Career change	RTR: Travel (personal)	RPP: Promotion (external SJGHC)	RIH: Health Reasons
RFR: Family and/or personal reasons	COM: Location/Commuting	RWB: Flexible work options available/work life balance	RSA: Salary conditions
RDS: Dissatisfaction	WOC: Workers Compensation termination	NLR: No longer required (casual)	NLA: No longer available (casual)
TRN: Redundancy	TEI: Employer Initiated Termination		

Resignation Checklist

Resignation letter	Hospital locker
Uniforms	Library books
Name badge	Parking or boom gate cards
Access keys	Length of Service/Retirement Gift Form Requested
Manager Action - Cancel committees, automated reports email, access lists e.g. notify Business Objects reports	

Additional Payment Information – to be completed by Manager/IR Centre

--

I understand that it is my responsibility to notify Maxxia of my resignation. I also acknowledge that my final termination payment will be paid into my bank account in the next payrun following receipt of my final timesheet. Completion of a full leave audit is required. Where applicable, I will ensure Maxxia is contacted and funds appropriately distributed prior to the last day of my employment.

CAREGIVER SIGNATURE:

MANAGER/SUPERVISOR: **Signature:**

RECRUITMENT & HR SERVICE CENTRE USE ONLY	SALARY & BENEFITS USE ONLY
<input type="checkbox"/> ALESCO: change Payslip to PA/payment summary to HC/check postal address <input type="checkbox"/> Exit Survey email (exc terminations) <input type="checkbox"/> Termination notification sent <input type="checkbox"/> 457 visa holders send email to DIAC unless interdivisional transfer <input type="checkbox"/> Inter-Divisional Transfer Form (if applicable) <input type="checkbox"/> Statement of service(if applicable)	<input type="checkbox"/> Checklist attached <input type="checkbox"/> Centrelink Employee Separation Certificate (if applicable) <input type="checkbox"/> Timesheets received. <input type="checkbox"/> leave audit completed.
Signed: Date:	Signed: Date: