

## Human Resources

## Harlow Council Leavers Form Part 1/2

This page is to be completed by the employee and given to the manager with their letter of resignation. The manager should forward this form immediately to Human Resources with the letter of resignation.

Name:  Payroll Number:

Leaving Date:  Job Title:

Service /Department:

Home Address:

Do you have any annual leave outstanding? Yes ☐ No ☐ Do you wish to take this before you leave? Yes ☐ No ☐

If Yes please give dates:

Reason for leaving:  
(Please attach further details on a separate sheet if necessary)

New employers name and address:

Are you a member of the Credit Union? Yes\* ☐ No ☐ Do you have any Council computer equipment? Yes\* ☐ No ☐

Do you have a car park permit? Yes\* ☐ No ☐ Do you have a Council ID card? Yes\* ☐ No ☐

Do you have a Council mobile phone? Yes\* ☐ No ☐ Do you have a Council purchasing card? Yes\* ☐ No ☐

**If you have any of the above (\*) please make sure you hand them in to your supervisor before you leave. Failure to hand in your car park pass will incur a charge of £46.**

Harlow Council understands that your privacy is important to you. For more information on how we collect, use and process personal data please view <http://www.harlow.gov.uk/privacy-notice> and <http://www.harlow.gov.uk/employees-privacy-notice>.

Signed:  Date:

Print Name:

## FOR MANAGER USE ONLY:

Please circle

Number of hours/days annual leave outstanding (contact HR if you are unsure of calculation):	<input type="text"/>	Days/hours to be:	Used	Paid
Signed:	<input type="text"/>	Manager name:	<input type="text"/>	<input type="text"/>

## FOR HR USE ONLY:

Payroll Informed	<input type="text"/>	Entered on Computer	<input type="text"/>	File updated	<input type="text"/>
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## Human Resources

## Harlow Council Leavers Form Part 2/2

This section is to be completed by the Manager or deputy for reference on employees last day:

Employee Name:

Job Title:

	Very Good	Good	Satisfactory	Poor
Sickness/Absence record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work output	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you re-employ?

Yes\*

☐

No

☐

If No, why not?

	Please tick	Supervisor Initials
ID Card returned to Civic Centre Manager	<input type="checkbox"/>	_____
Car Park pass and permit returned to Parking Services	<input type="checkbox"/>	_____
Mobile Phone returned to ICT	<input type="checkbox"/>	_____
Purchasing Card returned to Accountancy	<input type="checkbox"/>	_____
RSA secure ID key fob returned to ICT	<input type="checkbox"/>	_____

Signed:

Date:

Print Name:

Position:

Service:

**PLEASE RETURN THIS FORM TO HUMAN RESOURCES WITHIN 7 DAYS OF THE EMPLOYEES LAST DAY AT WORK.**

To be completed by Human Resources:

Entered on Computer by:

Entered on File by: