

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: