|  |  |  |
| --- | --- | --- |
|  |  | **Notification of Termination/Transfer**  **Ensure form is correctly completed and submitted to** [**hrchanges@westlothian.gov.uk**](mailto:hrchanges@westlothian.gov.uk) **by the cut-off dates published on My Toolkit.** |

|  |  |  |  |
| --- | --- | --- | --- |
| Service Area: |  | Service Unit: |  |

**Employee**

|  |  |  |  |
| --- | --- | --- | --- |
| Title | Forename | Surname | Employee No. |
|  |  |  |  |

|  |
| --- |
| Forwarding Address (if different from normal address) |
| Postcode: Home phone: |

**Posts to be terminated**

|  |  |
| --- | --- |
| Post Titles | Locations |
|  |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Reason for Termination** (X below as appropriate) | If returning to Supply/Locum List X this box |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 01. Retirement |  | 06. Other employment with WLC |  | 11. Non-return from Mat Leave |  |
| 02. Early retirement |  | 07. Other employment outwith WLC |  | 12. Personal reasons |  |
| 03. Ill health retirement |  | 08. Dismissal – capability |  | 13. Vol. Severance/Early ret |  |
| 04. Death |  | 09. Dismissal – misconduct |  | 14. Other reasons (non specific) |  |
| 05. End of contract |  | 10. Leaving area |  | 15. Redundancy |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of leaving: |  | Last date worked: |  |

**Internal Transfer**

|  |  |  |  |
| --- | --- | --- | --- |
| New post: |  | location: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| The new post is: | Temp |  | Perm |  | Other details: |  |

**Termination Payments**

|  |  |  |  |
| --- | --- | --- | --- |
| Due £: | for Redundancy | If for Other reason specify: |  |

|  |  |
| --- | --- |
| Payment in lieu of notice (weeks): |  |

|  |  |  |
| --- | --- | --- |
| Annual leave hours due to be paid: |  | (NOT for sessional workers or teachers) |

|  |  |  |  |
| --- | --- | --- | --- |
| Annual leave hours to be deducted |  | Other deduction & reason: |  |

**Authorised by:**

|  |  |  |  |
| --- | --- | --- | --- |
| PRINT Name: |  | Position: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |