**Termination of Employment Form**

**Procedure:** A Termination of Employment form must be completed by the line manager in consultation with the staff member, authorised by the Dean / Divisional Director and submitted to the Compensation and Benefits Office, Human Resources Division, immediately upon notification of the employee’s intent to separate from the University.

It is a line manager’s responsibility to ensure that appropriate steps are taken to ensure continued access to key University records when a staff member is moving from/leaving their post. Line managers must ensure that the Records Management Checklist is completed and returned to them before the staff member leaves/moves position. [Records management checklist for staff to use when leaving a job (sharepoint.com)](https://ulcampus.sharepoint.com/sites/CSCPLRM/Controlling%20Access%20to%20Records/UL_staff_mover_leaver_checklist.pdf)

1. **Employee Post Details**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personnel**  **Number** |  |  |  |  |  |  |  |  | **Employee**  **Name** |  |
| **Management Unit** |  | | | | | | | **Department** | |  |
| **Job Title** |  | | | | | | | **Cost centre** | |  |

1. **Termination Reason**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Tick** | **End of Fixed Term / Specified Purpose Contract** | |  | **Resignation** |  | **Other** |  |
| **If Other Please specify** | |  | | | | | |

1. **Contract Termination Date**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Contract of Employment will terminate from:** | D | D | M | M | Y | Y | Y | Y |

1. **Final Leave Payment:**

|  |  |
| --- | --- |
| **Number of Days leave due to employee on the above termination date:**  Any outstanding annual leave balances must be taken prior to Resignation / Retirement ​/end of FT / SP Contract. To facilitate this, a staff member may be allowed take a period of annual leave immediately prior to resignation, during the notice period.  Research funding bodies do not pay for accrued annual leave and annual leave must be taken within the contracted period of employment/individual research project.  Annual Leave can only be paid as a final payment for staff members on a period of certified sick leave / maternity leave and with final approval from Dean/Divisional Head and HR. | DAYS |

1. **Work Authorisation**

|  |  |  |
| --- | --- | --- |
| **Does the staff member hold a Work Permit or Hosting Agreement** | **Yes** | **No** |
| **If Yes, Please attach the original permit or hosting agreement**  **Date received by HR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Received By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |

1. **Pension Action**

**What happens to my pension benefits if I leave UL?**

* If you are taking up immediate employment within the public sector you can transfer your service.
* If you are moving to the private sector and have m*ore than 2 years paid pensionable service you must preserve your benefits*.
* If you are moving to the private sector and have *less than 2 years paid pension service* you will *automatically receive a refund*.

|  |  |  |
| --- | --- | --- |
| **I am taking up immediate employment within the Public Sector (Please tick as appropriate).** |  |  |
| **Yes** | **No** |
| **You will need to contact the HR Department of your new Public Sector Employer. They should write to the following address to request to have your service transferred :**  ***University of Limerick, HR Department, Pensions Section, Limerick*** | | |

1. **Research**

|  |  |  |
| --- | --- | --- |
| **Are you the Awardee/Principal Investigator/Budget holder of a research grant?** |  |  |
| **Yes** | **No** |
| If Yes, and if your termination will impact the continuation of the project at UL,outline the proposed alternative plans which have been agreed with the Research Office & Funding Agency for conducting the activity.  Where Yes has been indicated above the Research Office will receive a copy of the termination form. | | |

1. **Other**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Have you exceeded your annual leave entitlement? If yes, a deduction in respect of the excess will be made in final salary payment.** | **Yes** | | **No** | |
|  | |  | |
| **Did you receive payment from the University under the Relocation Expenses Policy after you commenced employment?** |  | |  | |
| **Yes** | | **No** | |
| Are you currently undertaking, or have you graduated within the last two years, from a programme for which you received financial support from the University?  Please make reimbursement arrangements in line with the Further Study Policy |  | |  | |
| **Yes** | | **No** | |
| **If you have answered yes to either of the above, it is your responsibility to repay these fees in line with the relevant policy.  Have you contacted Finance to arrange repayment of fees?** |  |  | |  |
| **Yes** | **No** | | **N/A** |
| **Have you completed the Mover/Leaver Records Management Checklist**  [Records Management | UL - University of Limerick](https://www.ul.ie/corporatesecretary/information-and-compliance/records-management)  **Line managers must ensure that this checklist is completed and returned to them before the staff member leaves/moves position to help ensure that an appropriate handover of University records takes place.** | **Yes** | **No** | | |
|  |  |  | | |

1. **Return of Items**

|  |  |
| --- | --- |
| **Please tick that you have returned all items provided by UL during your employment i.e.:** | **Computing devices, accessories,**  **peripherals e.g. Ipads, back-up drives**  **Mobile Phone**  **Office Keys**  **Cabinet Keys**  **Monitor**  **Docking Station**  **Keyboard & Mouse**  **Office Chair** |

**Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_**

**Head of Department**

**/ Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_**

**Deans / Divisional**

**Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_**

**DECLARATION:** At the date and time of my signature below I declare that all the information supplied is accurate and correct. I will advise the HR Division of any changes to this information by completing the correct form.