**Termination of Employment Form**

Procedure: A Termination of Employment form must be completed and submitted to the Compensation and Benefits Office, Human Resources Division, immediately upon notification of the employee’s intent to separate from the University.

1. **Employee Post Details**

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

1. **Termination Reason**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Tick** | **End of 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:**  Please note annual leave should be taken within the relevant Annual Leave year. Days are carried over only at the Presidents discretion as per the Annual Leave policy  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. | DAYS |

1. **Work Authorisation**

|  |  |  |
| --- | --- | --- |
| **Do you 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 section 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**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Did you receive payment from the University under the Relocation Expenses Policy after you commenced employment?** |  | |  | |
| **Yes** | | **No** | |
| **Did you graduate within the last two years from a programme for which you received support under 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** |

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

**HR System Updated by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_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.