



Separation / Resignation Advice

AGENCY: (Please select one only)

- DEIR DLGSR DIP DPC DPW
 DTRDI EPA TSY TRADE

Other Government Entity (please specify) _____

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[About Version Control](#)

[When to use this form and instructions for completion](#)

Section 1 Employee Details

Employee Number * Permanent Temporary Casual
Surname * **Given Names ***
Business Unit/Entity **Division ***

EFFECTIVE DATE OF SEPARATION / RESIGNATION:

Section 2 Separation / Resignation Details

Separation Type:
 Retirement Ill-Health Retirement
 Resignation Transfer to another Department (see below)
 End of Contract/Secondment Early Retirement/Redundancy or Retrenchment
 Death Dismissal or Termination
 Traineeship/Apprentice completed Contract ceased (temporary employees) *
 Other

For temporary employees transferring between departments, please indicate if you require all your leave balances to be transferred? If Yes, evidence that both Agencies agree to this must be attached.

Yes No

Reason for Leaving: (provide specifics)

Is a Statement of Service Required? Yes No

Is a Centrelink Employment Separation Certificate Required? Yes No

Employee Forwarding Address Details : * **Contact Number:**

EPA Only:

For temporary CPWEA (EPA) employees: I agree NOT to receive the 1/12th entitlement. I understand that my annual leave accumulation will continue onto my next temporary employment period.

Section 3 Details of New Employment (Where Applicable)

- Private Industry Federal Government Local Government
 Other State Government Statutory Authority

Name of Organisation:

Address or Location:

If transferred to a Queensland Government Department, please provide the following information:

HR Contact Name: **Contact**

Section 4 Certification

Employee's Signature

Supervisor's/Manager's Signature

* Is Temporary employee eligible for a severance benefit under Directive No 22/05? Yes No

Please ensure that all leave and timesheets have been submitted and approved. Refer to your Agency's Exit Policy or Procedure for further information.

Name
Date
Sign

Name
Date
Sign

Please return form to:

FACSIMILE (please ensure the correct fax number for the relevant Agency is used to avoid delays)

DEIR Fax (07) 322 52237; Ph (07) 323 54757 TSY Fax (07) 322 77671; Ph (07) 340 58060 DPC, DLGSR, DTRDI, DIP, TRADE
 DPW Fax (07) 322 45007; Ph (07) 322 46004 EPA Fax (07) 322 51952; Ph (07) 322 46004 Fax (07) 322 58955; Ph (07) 323 54757

EXTERNAL / INTERNAL MAIL TO Employee Services, Shared Service Agency, GPO Box 1179, Brisbane, Qld 4001

REGIONAL AGENCIES For Regional QBuild, FORWARD VIA LOCAL OFFICE

SCAN & EMAIL <http://ssa.govnet.qld.gov.au>

To access the email address for your department click on this link and then choose your Agency. The email addresses are available on the payroll page. To email this form it **MUST BE SCANNED** after obtaining delegated Signatures/Approval. Forms received without signatures will **NOT BE ACCEPTED** or processed.

EXTERNAL / INTERNAL MAIL TO Employee Services, Shared Service Agency, GPO Box 1176, Brisbane Qld 4001

DELIVER TO Employee Services, Shared Service Agency, Level 8, 15 Adelaide Street, Brisbane

PLEASE REFRAIN FROM SUBMITTING FORMS TO SSA MORE THAN ONCE VIA DIFFERENT CHANNELS

IMPORTANT: To enable timely processing, it is an Agency responsibility to ensure that forms submitted to SSA include current and accurate information, are completed in full, appropriately approved and submitted prior/by specified cut off time/day. Where SSA is required to perform rework/follow-up after the "cut-off" due to incomplete/inaccurate forms, SSA CANNOT guarantee that deadlines will be met and forms may be returned for Agency completion. To confirm the applicable cut-off time/day for the Agency, seek advice from the relevant SSA team or refer to the current OLA between the Agency and SSA (available on the Agency Intranet).

Shared Service Agency (SSA) is one of the shared service providers established by the Queensland Government as part of its Shared Services Initiative. SSA is collecting information on this form to verify your identity, to facilitate payments and administer entitlements to you as an employee. Your personal information will not be disclosed to any other party without your consent, unless authorised or required by law. For more information about SSA refer to : http://www.SSA.qld.gov.au/about_SSA/index.html

SSA PAYROLL PROCESSING USE ONLY

DATE ENTERED	PROCESSED BY	CHECKED AND SIGNED BY	
/ /			