

Notification to Payroll Office

This notice is to be completed by the manager authorising the termination.

Completed form must be forwarded to the payroll / HR office at: group payroll@suttons.com.au & hr@suttons.com.au

Departing Employee Details		
Branch / Location	Payroll ID	Employee's Name
Department		Position / Job Role
Employee Forwarding Address Required for the forwarding of correspondence and/or payment summary		

Termination Summary	
Last day of work	Notice period given:
Payment in lieu of notice:	Reason:

Details of the termination	
Please clarify below whether this was a resignation or termination, and attach supporting documents.	
<input type="checkbox"/> Resignation	Please ensure supporting documents/resignation letter are attached. If n/a, please explain below.
<input type="checkbox"/> Termination	Please ensure supporting documents/termination letter are attached. If n/a, please explain below.

Authority			
It is the manager's responsibility to issue a termination letter for any termination that is NOT a resignation.			
Letter issued?	Yes <input type="checkbox"/> / No <input type="checkbox"/>		
Manager's Name			
Signature	Insert Signature OR Type your name here	Date	

OFFICE USE ONLY			
Payroll to complete			
Employee "inactive" on Suttons Safety System?		Yes <input type="checkbox"/> / No <input type="checkbox"/>	
Final pay processed through payroll week ending:			
Signature	Insert Signature OR Type your name here	Date	

Property Return on Termination

All company property and equipment must be returned prior to or on last working day.

Completed form must be forwarded to the payroll office: groupppayroll@suttons.com.au

Departing Employee Details		
Branch / Location	Payroll ID	Employee's Name
Department		Position / Job Role

List of items to return			
Company Supplied		Keys Returned	
<input type="checkbox"/>	Mobile Phone <i>Ensure unlocked</i>	<input type="checkbox"/>	Cabinets, Cupboards, Desks
<input type="checkbox"/>	Equipment <i>e.g. Laptop</i>	<input type="checkbox"/>	Company Vehicle <i>Including any spare keys (if applicable)</i>
<input type="checkbox"/>	Fuel Card		Locker
<input type="checkbox"/>	Publications <i>e.g. Books, manuals, CD, DVD</i>	<input type="checkbox"/>	Offices & Dealership premises
<input type="checkbox"/>	Safety Equipment <i>e.g. Safety goggles, hearing protection, vest</i>	<input type="checkbox"/>	Petty cash / register
<input type="checkbox"/>	Tools <i>e.g. air compressor, toolboxes</i>	<input type="checkbox"/>	Storage./Security <i>Including security tags, remotes</i>
<input type="checkbox"/>	Uniforms <i>e.g. shirts</i>	<input type="checkbox"/>	Other <i>List anything else not specified above</i>
<input type="checkbox"/>	Other <i>List anything else not specified above</i>		

Email address, Access Codes, Passwords & Customer Data	
Have you notified the Financial Controller to cancel email address?	Yes <input type="checkbox"/> / No <input type="checkbox"/> / N/A <input type="checkbox"/>
System access codes and/or passwords confirmed by employee?	Yes <input type="checkbox"/> / No <input type="checkbox"/> / N/A <input type="checkbox"/>
Access codes and/or passwords now changed/cancelled?	Yes <input type="checkbox"/> / No <input type="checkbox"/> / N/A <input type="checkbox"/>
Explained the Customer Data and Privacy Policy to the departing employee?	Yes <input type="checkbox"/> / No <input type="checkbox"/> / N/A <input type="checkbox"/>

Confirmation			
<input type="checkbox"/> I confirm that I have permanently deleted all Company and customer data from my personal devices, including but not limited to my camera roll, contacts, local storage, messaging apps, and cloud backups.			
<input type="checkbox"/> I have not retained any copies of such data in any form. I also confirm that I will not contact, solicit, or deal with any customers or clients from my employment.			
Employee Name			
Signature	Insert Signature OR Type your name here	Date	
Manager Name			
Signature	Insert Signature OR Type your name here	Date	