

Employment Separation Certificate

This document certifies employment information. Please read the information on page 1 before completing this form.

Please note: Personal information is protected by law and can be given to someone else only in special circumstances, where Commonwealth legislation requires or where you give permission. Giving false or misleading information is a serious offence.

If completing form by hand: • Print clearly using a black pen only • Use BLOCK LETTERS • Print one character in each box • Do not use correction fluid or tape • Mark boxes ☒

1 Employee details (Former employees please see important information on page 1 of this form.)

Family name

L e a d b e t t e r

First given name

A n t h o n y

Address

4 / 1 5 7 C a m b r i d g e
s t r e e t
W e s t L e e d e r v i l l e

Postcode 6 0 0 7

Date of birth

0 4 0 8 1 9 9 3

2 Employer details

Business/Trading name

V A R N I S H O N K I N G

Address

1 6 Q u e e n S t r e e t
P e r t h

Postcode 6 0 0 0

Australian Business Number (ABN)

6 0 1 5 7 7 6 2 1 2 6

Name of contact

K e i d a J O N E S

Position held in organisation

C F O

3 Employment details

Date employee started working for you

0 5 1 2 2 0 1 8

Date employment ceased

1 7 0 3 2 0 2 0

4 Reason for separation

Shortage of work ☒

Unsuitability for this type of work ☐

End of season or contract ☐

Redundancy ☐

Unsatisfactory work performance ☐

Misconduct as an employee ☐

Employee ceasing work voluntarily ☐

Other ☐

Please give reason and/or further details below

5 Has a claim been made, or is a claim likely to be made, for workers compensation?

No ☒ Yes ☐

6 What was/is the person's final gross payment including leave and redundancy payments?

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