

## **Employment Separation Certificate**

## centrelink

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.

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info		tion	on p						oyee	s ple	ease	e see	e im	port	ant	3 Employment details Date employee started working for you  Day Month Year
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												T		Г		Date employment ceased
Eire	L aiu	on r	name								L					17 03 2020
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		_					_	_				_				Shortage of work
	ress	_	-	_	_	T_	_	_	Τ.		Γ.	Τ.	T		_	Unsuitability for this type of work
4	/	1	5	7		С	а	m	b	r	ı	d	g	е	_	End of season or contract
8	t	r	е	е	t											Redundancy
W	е	s	t		L	е	е	d	е	r	v	i	1	1	е	Unsatisfactory work performance
$\overline{}$			T			T	T	T	T	T	Ī	T	T	T	T	Misconduct as an employee Please give reason and/o
L	L		L		L			_		stcoc	_	6	0	0	7	Employee ceasing work voluntarily further detail
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	_	L			_			_	_		_	_	<u></u>			5 Has a claim been made, or is a claim likely to be made for workers compensation?
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6	0	-	1 5	7		7	6	2	1	2	6					6 What was/is the person's final gross payment includin
Nan		f co	ntac		_	_			-	-	-	_				leave and redundancy payments?
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Number of days employee worked per week 90. 8 8 S 8 8 Amount held for rollover not applicable not applicable not applicable 1161587680 69 0000 Eligible Termination Payment 0 8 8 8 90 8 8 (ETP) component not applicable not applicable not applicable 2 J Employer's signature Signature of employer or representative Employer's stamp Contact phone 8 8 (if applicable) number Tax free portion not applicable Date 69 9 8 90. 8 8 8 8 8 8 Gross amount Year 69 Date paid what was the person's average gross weekly wage? (see page 2 – Definitions) Month Did this person cash in any leave entitlements for money in the 12 months If the person was paid a redundancy payment, in lieu of notice or gratuity, Period covered (number of working days) 2 8 8 8 Amount \$ (gross) Year Date paid/to be paid Provide details below Month Number of working days Day before finishing work? Annual Leave (including leave loading) or day week Long Service Leave Long Service Leave Gratuity or golden handshake Rostered days off Maternity Leave Yes In lieu of notice Type of leave Annual Leave Redundancy Sick Leave Type of leave Other Other ⊠ ≗

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On termination, did you pay or will you pay the person, any unused leave entitlements or final gross redundancy?

Yes Provide details below

X

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