



## Leaver's Form

Employee Details			
Employee Name:		Date:	
Company:		Staff Num:	
Manager:		Department:	

Details of Departure				
Departure Type	Notification Date	Last Day	Notice Start	Notice End
Resignation				
Dismissal	Reason For Leaving			

Vehicle Information		
Vehicle Issued	Registration Number	Return Date
<input type="checkbox"/> Van <input type="checkbox"/> Car <input type="checkbox"/> None		

Return of Equipment			
Item	Issued	Return Date	Comments
Phone and Charger	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Fuel Card	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Drills	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Tools	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Company ID/Key-Fob	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other (Please state)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Presentation Folder	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Exit Interview			
Conducted By:		Conducted On:	
Comments			
Withheld Monies:		Holiday Balance:	

By signing this form, it is agreed that the process of leaving the company including the return of vehicles, equipment, references, and final payment have been discussed and that expectations and requirements of all parties have been understood and accepted.

**Employee**

**Manager**

Signed:

Signed:

Date:

Date:

On completion please return this form to  
payroll@lsfiregroup.co.uk