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| --- | --- | --- | --- |
| **EMPLOYMENT CONTRACT REVIEW FORM** | | | |
| **Employee Name:** |  | **Employee No:** |  |
| **Contract Start Date:** |  | **Contract Expiry Date:** |  |
| *\*Kindly complete and return this form to HR within 3 days* | | | |
| **Contract Renewal Period**  **(select that applies):** | **1 YR** | **2 YRS** | **3 YRS** |
| **Non-Renewal of Contract:** | I will not renew my contract | | |
| Employee Name: | | | |
| Signature: | | | |
| Date: | | | |
| **Review & Signed Off By:** | | | |
| HR & CS Manager: | | | |
| Signature: | | | |
| Date: | | | |
| **HR action:** | | | |
| **Notified Employee:** | ***(Initials/date)*** |  |  |
| **Contract completed:** | ***(Initials/date)*** |  |  |
| **Notified Off Boarding**  **(non-renewal)** | ***(Initials/date)*** |  |  |
| **For filing: Employee’s Personal File** | | | |