AUSTRALIAN AUTOMOTIVE GROUP - CESSATION FORM

TO BE FILLED IN E	BY RELEVANT LOCATIO	ON MANAGER	/	
Employee Name:	Caurie	verla	Eligible for rehire: Yes No	
Site working:	Castle HI	1	Last Working Day: 9/7/9,	
Classification	□ SALESPERSON □ AFTERMARKET ☑ TECHNICIAN ☑ ADMIN □ F&I □ AWARD FREE MANAGER			
Comments:	WorkSh	of Controller		
Why is the emp ☐ Did not commen ☐ Did not pass prob ☐ Abandonment of ☐ Dismissed – Unsa ☐ Dismissed - Serio	ce employment pation employment atisfactory performance	☐ Contract Expired ☐ Termination of Casual ☑ Redundancy ☐ Never commenced emplo ☐ Health/Illness	□ Deceased □ Mutual Agreement □ Resigned oyment □ Other (please explain) □ Surp MS to Held	<u>G</u>
Removal/Returr	n of Items:	-		
☐ Network Access ☐ USB / Memory St ☐ Access Card / Ket ☐ Name Badge ☐ Uniform	Removed tick	☐ Company Vehicle ☐ Company Fuel Card ☐ Company Credit Card ☐ Locker/Office Key ☐ Other	 ☐ Mobile Phone/Charger/SIM ☐ Tablet / Charger / PIN ☐ Laptop, Cables & Bag ☐ Docking Station ☐ Mobile WIFI 	
	n 1-3 years) n 3-5 years)		l wilful misconduct, the required notice is as follow ployer is to add another week.	s: - if over 4.5
		tice above, I recommend		
Resignation only: Pay all outstanding entitlements and wages to the Employee				
Termination only: Pay all outstanding entitlements including payment in lieu of notice (Refer to the notice period above)				
Mutual Agreement: Pay all outstanding entitlements but NO pay in lieu. Only pay for all hours the employee worked in the notice period Pay all outstanding entitlements and wages however withhold the following amount from the employees final pay for failure to work out required notice:				
days from final pay OR , hours from final pay				
completion, the form may result in the ter	n is to be scanned and ϵ mination payment for t	emailed to <a a="" being="" divise="" employee="" employee.<="" executed="" factorial="" he="" his="" hrace="" in="" of="" th="" the="" to=""><th>nnel file and may be used as a legal re thin 24 business hours. Any failure to em in the following fortnightly pay run. Should delay and the date the payment will be p</th><th>ail this form</th>	nnel file and may be used as a legal re thin 24 business hours. Any failure to em in the following fortnightly pay run. Should delay and the date the payment will be p	ail this form
Manager Name (Print)	aavic miller		
Managers Signat	ure			
Date of Signing		10/7/19		