AUSTRALIAN AUTOMOTIVE GROUP – CESSATION FORM

Resignation Form – To be Filled in by the Employee								
Full Name	JETT	ELLIOTT	<u> </u>					
Site location	Castle	hill Renaul	<u></u>					
Last day of employment	1/06/19							
Reasons for Resigning	Personal Family/Relationship Education/Study Travel/Relocation Transport Retirement Medical Prefer not to say	Work Related Job satisfaction Working conditions Shift Work/Roster Rates/Wages/Benefits Company Culture Location Job Security Colleagues	Career Related Lack of career opportunity areer Progression Change of Career Path Other employment is offering greater incentives					
EMPLOYEE SURVEY – TO BE FILLED IN BY THE EMPLOYEE								
Please mark one of the following: Strongly Agree Agree Disagree Strongly Disagree								
I enjoyed my work activitie	es	[7						
I was challenged by my job)							
I was paid fairly for my wo	rk							
Other staff treated me fair			1//0 0 0					
My supervisor treated me	···		1/ 0 0 0					
My supervisor gave clear instructions and responsibilities								
I was recognised for my go		[7						
	tely reflects my job responsib	oilities 7	1// 0 0 0					
My department was adequ		7	1/ 0 0 0					
I was trained in WHS proce		7						
	ities for career advancement		i A n n					
What did you most like about AAG and your position?								
What did you least like about AAG and your position?								
		//	/					
the relevant industrial ins	trument. I also understand t payrol department and one	hat that any future correspondence ce this form is received at AAG's p	s and entitlements in accordance with e will be will sent to the contact details ayroll department, my employment is					
A A	AG CESSATION OF EMPLOYMENT FO	ORM — UNCONTROLLED WHEN PRINTED 1	IR FORM 77 REV 1					

AUSTRALIAN AUTOMOTIVE GROUP – CESSATION FORM

TO BE FILLED IN	BY RELEV	ANT LOCAT	ION MANAGER				
Employee Name:	Je	AE	1:04.	Eligibl	e for rehire: ☑ Yes ☐ No		
Site working:	CASTLE GIL Denay Last Working Day: 1/6/19						
Classification	☐ SALESPERSON ☐ AFTERMARKET ☐ TECHNICIAN ☐ ADMIN ☐ F&I ☐ AWARD FREE MANAGER						
Comments:							
	proposition in the second						
Why is the employee leaving?							
☐ Did not commence employment			☐ Contract Expired		☐ Deceased		
☐ Did not pass probation		☐ Termination of Ca	sual	☐ Mutual Agreement			
☐ Abandonment of employment		☐ Redundancy		☐ Resigned			
☐ Dismissed – Unsatisfactory performance			•	☐ Never commenced employment ☐ Other (please explain)			
☐ Dismissed - Seri	-	•	☐ Health/Illness		going to NAVY		
El Distribused - Serious Wisconduct		,					
Removal/Return of Items:							
□ Network Acces			☐ Company Vehicle		☐ Mobile Phone/Charger/SIM		
☐ USB / Memory			☐ Company Fuel Card		☐ Tablet / Charger / PIN		
•					•		
☐ Access Card / K	еу		☐ Company Credit Ca	ra	☐ Laptop, Cables & Bag		
☐ Name Badge			☐ Locker/Office Key☐ Other		□ Docking Station		
□ Uniform			□ Other		☐ Mobile WIFI		
Required Period of Notice under the Award None = Casual Employee or Other NOTICE: Except for serious and wilful misconduct, the required notice is as follows: - if over 45 with more than 2 years, the employer is to add another week. 2 weeks = (Between 1-3 years) 3 weeks = (Between 3-5 years) 4 weeks = (More than 5 years)							
Based on the Required Period of Notice 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							
IMPORTANT NOTE: This form will be kept on the employees personnel file and may be used as a legal record. Upon completion, the form is to be scanned and emailed to hr/@aag.com.au within 24 business hours. Any failure to email this form may result in the termination payment for the employee being executed in the following fortnightly pay run. Should this occur, the Manager filling this form in is required to advise the employee of the delay and the date the payment will be processed. Manager Name (Print) Manager Name (Print)							
_		1					
Managers Signature							
Date of Signing ℓ/ℓ							