

AUSTRALIAN AUTOMOTIVE GROUP – CESSATION FORM

TO BE FILLED IN BY RELEVANT LOCATION MANAGER

Employee Name: Nareg | Eligible for rehire: ☒ Yes ☐ No
 Site working: Alexandria | Last Working Day: 9.11.18
 Classification ☐ SALESPERSON ☐ AFTERMARKET ☒ TECHNICIAN ☐ ADMIN ☐ F&I ☐ AWARD FREE MANAGER

Comments:

Why is the employee leaving?

- | | | |
|---|---|---|
| <input type="checkbox"/> Did not commence employment | <input type="checkbox"/> Contract Expired | <input type="checkbox"/> Deceased |
| <input type="checkbox"/> Did not pass probation | <input type="checkbox"/> Termination of Casual | <input type="checkbox"/> Mutual Agreement |
| <input type="checkbox"/> Abandonment of employment | <input type="checkbox"/> Redundancy | <input checked="" type="checkbox"/> Resigned |
| <input type="checkbox"/> Dismissed – Unsatisfactory performance | <input type="checkbox"/> Never commenced employment | <input type="checkbox"/> Other (please explain) |
| <input type="checkbox"/> Dismissed - Serious Misconduct | <input type="checkbox"/> Health/Illness | |

Removal/Return of Items:

- | | | |
|---|--|---|
| <input type="checkbox"/> Network Access Removed | <input type="checkbox"/> Company Vehicle | <input type="checkbox"/> Mobile Phone/Charger/SIM |
| <input type="checkbox"/> USB / Memory Stick | <input type="checkbox"/> Company Fuel Card | <input type="checkbox"/> Tablet / Charger / PIN |
| <input type="checkbox"/> Access Card / Key | <input type="checkbox"/> Company Credit Card | <input type="checkbox"/> Laptop, Cables & Bag |
| <input type="checkbox"/> Name Badge | <input type="checkbox"/> Locker/Office Key | <input type="checkbox"/> Docking Station |
| <input type="checkbox"/> Uniform | <input type="checkbox"/> Other | <input type="checkbox"/> Mobile WIFI |

Required Period of Notice under the Award

- ☐ None = Casual Employee or Other
☒ 1 week = (Less than 1 year)
☐ 2 weeks = (Between 1-3 years)
☐ 3 weeks = (Between 3-5 years)
☐ 4 weeks = (More than 5 years)

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.

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)

Managers Signature

Date of Signing

Michael McCauley
MMcCauley
9.11.18

AUSTRALIAN AUTOMOTIVE GROUP – CESSATION FORM

Resignation Form – To be Filled in by the Employee

Full Name Nareg Yedelian
 Site location Alexandria
 Last day of employment 9/11/18

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
- ☐ Career 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 activities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was challenged by my job	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was paid fairly for my work	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other staff treated me fairly	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My supervisor treated me fairly	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My supervisor gave clear instructions and responsibilities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was recognised for my good work	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My job description accurately reflects my job responsibilities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My department was adequately staffed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was trained in WHS procedures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt there were opportunities for career advancement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


What did you most like about AAG and your position?

the people.

What did you least like about AAG and your position?

I understand that I am required to work out my notice and payroll will process my wages and entitlements in accordance with the relevant industrial instrument. I also understand that any future correspondence will be sent to the contact details I have provided the AAG payroll department and once this form is received at AAG's payroll department, my employment is deemed to have been terminated accordingly.

Signature:



Date:

9/11/18.