

FULL & FINAL SETTLEMENT FORM

| Employee Name: | E | mployee No.: |
|----------------------------|--|---------------|
| Department: | Designation: R | Reporting to: |
| Human Resources: | Date of Joining : | |
| | Date of Resignation : | |
| | Date of Relieving : | |
| | Notice Period Required (as per Appt. Letter): | |
| | Notice Period Served : Yes No | |
| | Notice pay waiver : Yes No | |
| | Notice pay recovery : No. of Days | |
| | Leave Balance : No. of Days | |
| | Net payable/recovery : No. of Days | |
| | Any Other: | |
| | Sign of HR Rep. : | |
| | Head - HR Approval: | |
| | Handing over responsibilities : Yes No_ | |
| | (Including handing over note, files, documents & passw | vords) |
| Employee's Department: | For site employees: Safety Equipment, : Yes No | _ |
| | Software Key, Locker Key and Tools | |
| | Signature of the Reporting Manager : | |
| | Return of Software : Yes No_ | NA |
| | RFID Band : Yes No | D NA |
| Information Technology: | Laptop Returned : Yes No_ | NA |
| | Return of ID/ Aceess card : Yes No_ | _ |
| | Signature of IT Rep | |

| Administration: | Surrender of: | | | | | | |
|--|--|-----------------------|------------|---------|--|--|--|
| | 1) Company owned ve | hicle : | Yes | _ No | _ NA | | |
| | 2) Keys | : | Yes | _ No | _ NA | | |
| | 3) Stationary | : | Yes | _ No | _ NA | | |
| | 4) Mobile Phone / Sim | card : | Yes | _ No | _ NA | | |
| | Signature of Admin Re | p | | _ | | | |
| Signature of the employee: Date: | | | | | | | |
| Future Correspondance Ad | dress: | | | | | | |
| | | | | | | | |
| | Contact Nos. (Tel./Mobile): | | | | | | |
| Contact Nos. (Tel./Mobile) | : | | | | | | |
| | n to departments in the | | | | n the end needs to be submitted further processing. | | |
| The form needs to be taken | n to departments in the | it to the account | | | | | |
| The form needs to be taken | n to departments in the e. HR in turn will sub,it 1) Medical | it to the account | | | | | |
| The form needs to be taken | n to departments in the e. HR in turn will sub,it 1) Medical | it to the account | | | | | |
| The form needs to be taker to HR by outgoing employe | 1) Medical 2) Travel | it to the account : : | | | | | |
| The form needs to be taken | 1) Medical 2) Travel 3) Imprest 4) Salary Advances | it to the account : : | | | | | |
| The form needs to be taker to HR by outgoing employe | 1) Medical 2) Travel 3) Imprest 4) Salary Advances 5) Loans | it to the account : : | | | | | |
| The form needs to be taker to HR by outgoing employe | 1) Medical 2) Travel 3) Imprest 4) Salary Advances 5) Loans | it to the account : : | ts departm | ent for | | | |