

GCVS Payroll Leavers Form

This form is to be completed when an employee leaves your employment
 If you need help completing this form please call 0141 332 2444 (option 2)



EMPLOYER INFORMATION

GCVS Project No:		Employer Name:	
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EMPLOYEE INFORMATION

Forename:		Surname:	
GCVS Employee No:		Leaving Date:	

PAYMENTS / REFUNDS DUE

Please circle which applies and mark in **HOURS** not days

Holidays	YES	NO	<u> </u> HOURS
Hours	YES	NO	Details: _____
Notice	YES	NO	Details: _____
Lieu Notice	YES	NO	Details: _____
Redundancy <u>Amount</u>	YES	NO	Details: £ _____
Other	YES	NO	Details: _____
Is the employee a member of a pension scheme?	YES	NO	If pension scheme payments for this employee are made by direct debit where GCVS are not responsible for uploading a file, the employer must cancel the mandate or report the leave date to pension company

I confirm that the above information is true and accurate:

Employee Signature: _____ Date: _____

Employee's signature is not compulsory on this form but is always better to have in case of any disputes after payment is made

Employer Signature: _____ Date: _____

Forms which are not signed by the employer will not be actioned.

For Office Use Only

P45 Issued:	YES	NO	By:	
Date Issued:	____ / ____ / ____		Period No:	

Breakdown of Final Payment:

SSP1 Issued:	YES	NO	SMP1 Issued:	YES	NO
Contacted Sheriff Officer:	YES	NO	Sent P45 to Employer:	YES	NO