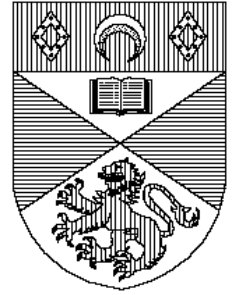


# STAFF RESIGNATION FORM



**STAFF NAME:** .....

**LOCATION:** .....

**ID NUMBER:** .....

**RESIGNATION DATE (last date worked):** .....

**ADDRESS P45 TO BE SENT TO:** .....

.....

.....

.....

.....

**POSTCODE:** .....

**MANAGER'S SIGNATURE:** .....

**TO BE COMPLETED AS SOON AS RESIGNATION LETTER IS  
RECEIVED OR EMPLOYEE LEAVES,  
AND SENT TO SALARIES IMMEDIATELY.**