

DEPARTMENT OF EDUCATION AND TRAINING
SCHOOL ADMINISTRATIVE AND SUPPORT STAFF



NOTICE OF RESIGNATION / RETIREMENT

(Circle whichever is applicable)

(Wherever possible this notice should be submitted AT LEAST one month prior to last day of duty)

NAME: Mr/Mrs/Miss/Ms _____ (_____)
Family/Surname Other names Former name

ADDRESS: _____

POST CODE: _____ **Telephone No.** (home) _____ (work) _____

SCHOOL: _____

SERIAL NUMBER: **D.O.B.** _____ **H.P.W.** _____

LAST DAY OF DUTY: _____ **LAST DAY OF SERVICE:** _____

Reason for Resignation: _____

Do you propose to take any leave prior to last day of duty? YES / NO

If yes, please attach application for leave form.

As final payments will be deposited into your bank account please advise if these details will change at the time of your resignation.

Do you require a notification of Employment Separation for Social Security purposes? YES / NO

Are you a member of a superannuation fund / scheme? YES / NO

Superannuation EXIT forms should be obtained from the Superannuation Administration Corporation. The employee's section must be completed by you and the form forwarded to the Superannuation Administration Corporation.

Retiring members of a State Superannuation Scheme are required to contact the Superannuation Administration Corporation direct to make appropriate arrangements. Telephone **1300 130 096**.

Signature: _____ Date: _____

Principal's Signature: _____ Date: _____

School: _____

Principal's Comments: _____

Forward to : Admin. Staff Services Bathurst (Resignations)