

**HUMAN RESOURCES**  
**NOTIFICATION OF LEAVER**



This form should be completed by the employee who is leaving the service of the University, and signed by the employee and the line manager (this applies to both resignations and retirements). The Head of School/Section or Deputy Head of School/Section should sign this if payment is to be made in lieu of leave. This should be emailed to Human Resources – Employment Services Centre: [HRESC@abdn.ac.uk](mailto:HRESC@abdn.ac.uk), within 5 working days of receiving the form to ensure that it is processed in time for the employee leaving. This form should only be completed if the employee is leaving the University, not moving to a new role within the University.

<b>Section A EMPLOYEE DETAILS</b>	
<b>Employee Number:</b>	
<b>Title:</b>	<b>First Name(s):</b> <b>Last Name:</b>
<b>Address:</b>	
<b>Post Code:</b>	<b>Home Email:</b>
<b>Tel:</b>	
<b>School/Section:</b>	
<b>Confirmed End Date</b>	Date:
<b>Is the employee retiring?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Outstanding annual leave to be paid or excessive leave to be recovered?</b> Arrangements should be made for outstanding annual leave to be taken prior to leaving. If due to operational reasons this is not possible, please confirm the outstanding annual leave entitlement to be paid on termination. Alternatively, where annual leave in excess of the leave entitlement has been taken, please state the excess to be recovered from the final salary payment: <a href="http://www.abdn.ac.uk/staffnet/working-here/holidays-197.php">http://www.abdn.ac.uk/staffnet/working-here/holidays-197.php</a>	Leave to be paid: Yes <input type="checkbox"/> No <input type="checkbox"/> If <b>YES</b> please confirm the number of days to be paid. Number of Days:  Excessive leave to be recovered: Yes <input type="checkbox"/> No <input type="checkbox"/>  If <b>YES</b> please confirm the number of days to be recovered. Number of Days:
<b>Has payment of annual Leave been authorised by the Head of School/Section?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> If <b>YES</b> please provide details Head of School/Section: Title: Name:
<b>Did the employee manage any staff?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>What is the name of the leaver's interim replacement?</b>	Name
<b>Does the employee hold a Tier 2 visa?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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**Section B      ACTIVITY AFTER LEAVING ABERDEEN UNIVERSITY**

The University is required to provide specific information to the Higher Education Statistics Agency (HESA).

**Where will the employee reside after leaving the University of Aberdeen?**

- |   |   |
|---|---|
| <input type="checkbox"/> Scotland         | <input type="checkbox"/> Other EU                     |
| <input type="checkbox"/> England          | <input type="checkbox"/> Non-EU                       |
| <input type="checkbox"/> Wales            | <input type="checkbox"/> Prefer not to specify        |
| <input type="checkbox"/> Northern Ireland | <input type="checkbox"/> UK (not otherwise specified) |

**What will the employee do after leaving the University of Aberdeen?**

- Working in a higher education institution
- Working in another education institution
- Working in a research institute (private)
- Working in a research institute (public)
- NHS/General medical practice/General dental practice
- Working in another public sector organisation
- Working in the voluntary sector
- Working in the private sector
- Self-employed
- Registered as a student
- Retired
- Not in regular employment, not retired

**Section C AUTHORISATION BY LINE MANAGER**

Name:

Date:

\_\_\_\_\_  
Signed (employee)

\_\_\_\_\_  
Signed (Line Manager)

Signed \_\_\_\_\_

(Head of School/Section <sup>1</sup>) **ONLY REQUIRED IF PAYMENT IN LIEU OF LEAVE IS REQUESTED**