## **CIPL PSL Employee Termination Form**

## Please return this completed form to:

Email: enquiries@bert.com.au | Fax: 07 3832 3799 | Post: CIPL, PO Box 805, SPRING HILL QLD 4004

Office: Level 1, 35 Astor Terrace, SPRING HILL QLD 4000

Date

Entered By (Initial)



## PLEASE COMPLETE THE DETAILS IN FULL AND SIGN THE FORM

This form is to be completed when an employee is terminated or resigns from employment.

Employers **MUST** complete a CIPL termination to ensure the members sick leave entitlements are banked towards their Portable Sick Leave (PSL) Balance.

(PSL) Balance.				
PORTABLE SICK LEAVE:	CIPL has purchased an Insural lose when they leave or are te			eave a worker would normally on PSL please visit our website
	www.cipq.com.au	, ,		·
TERMINATED FROM (NA	AME OF EMPLOYER)			
PERSONAL DETAILS	OF EMPLOYEE			
Surname			М	r Mrs Miss Ms
Given name			Date of birth	D D M M Y Y Y Y
Street address				
Suburb			State	Postcode
Postal address (Write 'AS ABOVE'	if same as Street address)			
Suburb			State	Postcode
Telephone Home			Mobile	
Email address				
Full Time Casual Employee Trade/Occupation				
SICK LEAVE ENTITLE	EMENT DETAILS			
Date of First CIPL Contri	ibution (Full-Time Start Date)	D D M M Y Y	Y	
Date of Last CIPL Contri	bution (Termination Date)	D D M M Y Y	Y	
Total Number of Sick Da	ays Taken during Employment	days	OR Number of Hours Re	emaining hours
Reason for Leaving		Terminated	Resigned	
The Termination Date and Full-Time Start Date are important as they enable CIPL to work out what sick days have been allocated for 12 months in advance (i.e. the anniversary dates as per the award entitlement)				
AUTHORITY AND DE	CLARATION			
Employer to sign her	e			
Full Name		Date	D D M M Y Y Y	
Full Name Position				
i osition				
If you require assistance please call CIPL on 1300 261 114. Or email us at enquiries@cipq.com.au				
Office use only				

**Employer Number** 

Date Effective: January 2020

Member Number