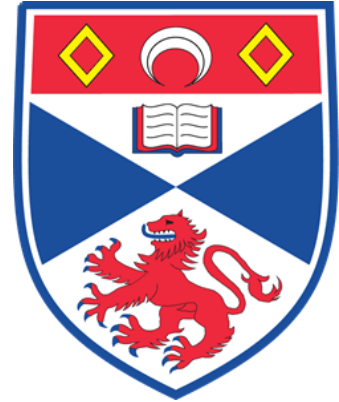


# STAFF RESIGNATION FORM



STAFF NAME: .....

DEPARTMENT: .....

D.O.B (DD/MM/YYYY) : .....

PAYROLL NO. (IF KNOWN): .....

RESIGNATION DATE : .....

(date of last shift worked)

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

.....

.....

.....

POSTCODE: .....

NB: PLEASE AVOID USING TERM ADDRESSES IF YOU ARE DUE TO LEAVE ST ANDREWS IN THE NEAR FUTURE.

MANAGER SIGNATURE: .....

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