Offices: 102 North Road
Postal Address: PO Box 484, ALBANY WA 6331
Phone: (08) 9841 9333
Fax: (08) 9841 4099
Email: staff@albany.wa.gov.au
Synergy Reference No: NF097398

PAYROLL DEPARTURE CHECKLIST

(To be completed by Payroll Officer upon receipt of resignation or termination advice)

Name: _____

Team: _____

Last day at work: _____

Award/ EBA: _____

Resignation (With Notice) ☐ Resignation (Without notice) ☐

Termination (With Notice) ☐ Termination (Without notice) ☐

PAYROLL OFFICER	**Date**	**No**
Copy of resignation or termination letter received from Human Resources Coordinator		
Notification of termination entitlements prepared including and special provisions.		
Payroll deductions to be addressed: • Reimbursement of relocation expenses $_____ • Reimbursement of uniform allowance $_____		
Forwarding address confirmed (for group certificates) as:		
Local Government Superannuation Plan advised		
Advise Albany Leisure and Aquatic Centre of departure date if employee is a Corporate Member		
Forward completed Payroll Officer Departure Checklist to Human Resources Coordinator for filing		
Employee payroll documents forwarded to Human Resource Officer for archiving		

Signed: _____ Date: _____

Payroll Officer

**** DISCLAIMER ****

This information sheet is a guide only. Verification with original Local Laws, Acts, Planning Schemes, and other relevant documents is recommended for detailed references. The City of Albany accepts no responsibility for errors or omissions.

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