



# Retirement Benefits Fund Board

GPO Box 446, Hobart TAS 7001  
Telephone: 1800 622 631 or 03 6233 3672  
Facsimile: 03 6233 3357

## ADVICE OF EMPLOYEE TERMINATION

### Employee Details:

Full Name: .....

Postal Address: .....(post-resignation)  
 Suburb ..... State ..... Postcode.....

Phone Numbers: ..... (Home) ..... (Work)

RBF Member No: ..... Date of Birth : ...../...../.....

Employing Agency/Authority: .....

Payroll ID No. .... Agency Code: ..... Paycentre Code: .....

### Employment Details:

Continuous Employment Period Start Date: ...../...../.....

Full Time From: ...../...../..... To: ...../...../.....

Part Time From: ...../...../..... To: ...../...../..... %

Part Time From: ...../...../..... To: ...../...../..... %

Casual From: ...../...../..... To: ...../...../..... %

Date of Termination / Death: ...../...../.....

Reason for Termination: Note: If member is remaining with the Agency and terminating RBF membership only, **this form is not required**. The member should complete *Member Fund Choice* form.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Resignation     | <input type="checkbox"/> Dismissal                           | <input type="checkbox"/> Termination of Contract |
| <input type="checkbox"/> Age Retirement  | <input type="checkbox"/> Death                               | <input type="checkbox"/> Ill Health Retirement   |
| <input type="checkbox"/> Redundancy      | <input type="checkbox"/> Termination of Temporary Employment |  |
| <input type="checkbox"/> Attained Age 70 | <input type="checkbox"/> Transfer (within State Service)     |  |

Change of Employment Status: From: ..... To: .....  
(old status) (new status)

Other (please specify):  .....

**Advice of Employee Termination** (continued)

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**Salary Details:**

**Details of Employee's FINAL Fortnightly Salary for RBF Purposes**

(Details should be shown for the final payroll of the terminating employee)

1. Final Pay Date: ...../...../.....
2. Details
- |                      |                |
|----------------------|----------------|
| Normal RBF Salary    | \$.....        |
| Annual Leave Loading | \$.....        |
| Backpay              | \$.....        |
| Other .....          | \$.....        |
| <b>TOTAL SALARY</b>  | <b>\$.....</b> |

3. Contribution Deducted (complete appropriate to Fund membership):
- Contributory Scheme: \$..... Or TAS Scheme: \$.....

Notes: .....

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**Miscellaneous:**

Please advise if the employee, during the period 3 years period to cessation of employment has had any of the following:

Leave without Pay From: ...../...../..... To: ...../...../.....

<i>Substantive Salary During LWOP</i>	<i>Effective Date</i>	<i>Annual Salary</i>
	...../...../.....	\$ .....
	...../...../.....	\$ .....
	...../...../.....	\$ .....

Long Service Leave From: ...../...../..... To: ...../...../.....

Workers Compensation From: ...../...../..... To: ...../...../.....

Other  ..... From: ...../...../..... To: ...../...../.....  
(please indicate)

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**Certifying Officer's**

**Signature:** ..... **Date:** .....

**Name:** (please print) ..... **Phone No:** .....

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