



**MOP(S) ACT EMPLOYEES**

**TERMINATION OF EMPLOYMENT**

<p><b>Options for returning your completed form</b> Scan and Email to: <a href="mailto:MOPSPay&amp;Conditions@finance.gov.au">MOPSPay&amp;Conditions@finance.gov.au</a> or Post to: Ministerial and Parliamentary Services Department of Finance One Canberra Avenue FORREST ACT 2603</p>	<p><b>Enquiries:</b> Ministerial and Parliamentary Services Email: <a href="mailto:mpshelp@finance.gov.au">mpshelp@finance.gov.au</a> Phone: (02) 6215 3333</p>
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<b>EMPLOYER DETAILS</b>	▶ Employer name	<input style="width: 90%;" type="text"/>
	▶ Employer state	<input style="width: 100%;" type="text"/>

<b>EMPLOYEE DETAILS</b>	▶ Full name	<input style="width: 90%;" type="text"/>
	▶ Is the Employee continuing their MOP(S) Act employment, without a break in service, in the office of another Senator or Member?	No <input type="checkbox"/> Yes <input type="checkbox"/> ▶ Name of new employing Senator or Member <input style="width: 90%;" type="text"/>
	▶ Is the Employee returning to Public Sector employment?	No <input type="checkbox"/> ▶ Go to TERMINATION OF EMPLOYMENT Yes <input type="checkbox"/> ▶ Name of organisation <input style="width: 90%;" type="text"/>
	▶ Employee's forwarding address	<input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/>
	▶ Personal email address	<input style="width: 95%;" type="text"/>
	▶ Mobile phone number	<input style="width: 95%;" type="text"/>

<b>RESIGNATION</b>	▶ Did the Employee <b>resign</b> ?	No <input type="checkbox"/> ▶ Go to TERMINATION OF EMPLOYMENT Yes <input type="checkbox"/> ▶ Date of the last working day <input style="width: 100%;" type="text"/> <i>(Please attach a copy of the resignation letter to this form)</i> ▶ Go to SIGNATURE OF THE EMPLOYING SENATOR OR MEMBER OR AUTHORISED PERSON
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<b>TERMINATION OF EMPLOYMENT</b>	▶ On what date did the Employee's employment terminate?	<input style="width: 100%;" type="text"/>
	▶ On what date was the Employee first given <b>written</b> notice that his/her employment would terminate? <i>Please attach a copy of the written notice to this form.</i>	<input style="width: 100%;" type="text"/>
	▶ Was the Employee on probation?	No <input type="checkbox"/> Yes <input type="checkbox"/>
	▶ Was the termination of the employment initiated by the employer?	No <input type="checkbox"/> ▶ Please tick the 'another reason' box on page 2 and describe the circumstances of the termination. Yes <input type="checkbox"/> ▶ Please tick the appropriate reason on page 2.

- ▶ The termination of the Employee's employment was due to: *(Tick **one** of the following)*
- a restructure within the Senator's or Member's office which resulted in the loss of the Employee's position.
  - the Senator or Member varying the duties of employees within their office, which resulted in the loss of the Employee's position.
  - the Senator or Member no longer requiring the particular skills and/or knowledge of the Employee.
  - the Senator or Member having concerns about the performance and/or conduct of the Employee.
  - the Senator or Member having lost trust or confidence in the Employee.
  - the Employee having a conflict of interest.
  - another reason *(please specify the other reason):*
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▶ Please ensure that outstanding leave forms and/or variations have been submitted or are attached.

**SIGNATURE**

- ▶ By signing this form, I acknowledge that:
- I understand that knowingly giving false or misleading information is a serious offence under the *Criminal Code Act 1995*.
  - I have read and understood the Privacy Collection Notice (see below).

**Signature of Employer  
or Authorised Person**

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Date

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Name (if authorised person)

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