

Employer Short form

Business Name	
Address	
Employer Contact	
Employee Name	
Employee usual occupation & usual hours of work per week	
Date joined company	
Date ceased work	
Reason for ceasing work	
Salary	Annual base salary (excluding superannuation):
Were the usual duties performed at date ceased work? If reduced please confirm effective date of reduction in duties as well as confirm the duties performed:	
Are you aware of any other claim or intended claim by the employee, if so please provide these details:	
Additional Comments if applicable	
Other documents to provide:	Leave history. Job description.