

CIPL PSL Employee Termination Form



Please return this completed form to:

Email: enquiries@bert.com.au | SMS: 0428 483 324 | Post: CIPL, PO Box 805, SPRING HILL QLD 4004

Office: Level 1, 35 Astor Terrace, SPRING HILL QLD 4000

PLEASE COMPLETE THE DETAILS IN FULL AND SIGN THE FORM

This form is to be completed when an employee is terminated or resigns from employment.

Employers **MUST** complete a CIPL termination to ensure the members sick leave entitlements are banked towards their Portable Sick Leave (PSL) Balance.

PORTABLE SICK LEAVE: CIPL has purchased an Insurance Policy to takeover and bank any unused sick leave a worker would normally lose when they leave or are terminated from employment. For more information on PSL please visit our website www.cipq.com.au

TERMINATED FROM (NAME OF EMPLOYER)

PERSONAL DETAILS OF EMPLOYEE

Surname	<input type="text"/>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms
Given name	<input type="text"/>	Date of birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Street address	<input type="text"/>	
Suburb	<input type="text"/>	State <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Postal address (Write 'AS ABOVE' if same as Street address)	<input type="text"/>	
Suburb	<input type="text"/>	State <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Telephone	Home <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Mobile <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email address	<input type="text"/>	
Full Time <input type="checkbox"/>	Casual <input type="checkbox"/>	Employee Trade/Occupation <input type="text"/>

SICK LEAVE ENTITLEMENT DETAILS

Date of First CIPL Contribution (Full-Time Start Date)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Date of Last CIPL Contribution (Termination Date)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Total Number of Sick Days Taken during Employment	<input type="text"/> days	OR Number of Hours Remaining	<input type="text"/> hours
Reason for Leaving	<input type="checkbox"/> Terminated	<input type="checkbox"/> Resigned	

The Termination Date and Full-Time Start Date are important as they enable CIPL to work out what sick days have been allocated for 12 months in advance (i.e. the anniversary dates as per the award entitlement)

AUTHORITY AND DECLARATION

Employer to sign here

Date

Full Name

Position



If you require assistance please call CIPL on 1300 261 114.



Or email us at enquiries@cipq.com.au

Office use only

Entered By (Initial)

Date

Employer Number

Member Number