

STAFF MEMBER TO COMPLETE DETAILS:

School/Centre/Office: _____

I hereby submit my resignation from the University. My last day of duty will be on:

_____ / ____ / ____
(Day) (Date)

Family Name: _____ Other Names: _____

Academic General Employee Number: _____

Full-time Part-time / Fractional Position Title: _____

Signed: _____ / ____ / ____
Staff Member (Date)

SCHOOL/OFFICE USE ONLY:

Where an appropriate notice period has not been given, please briefly indicate your reasons for recommending acceptance of the resignation:

FOR GENERAL STAFF ONLY:

For **part-time General staff**, please show ordinary hours worked or to be worked in the last part week or fortnight, as the average hours may be incorrect:

LAST WEEK / FORTNIGHT - DATES AND HOURS WORKED OR TO BE WORKED

| DAY DATE | THU / | FRI / | SAT / | SUN / | MON / | TUE / | WED / | THU / | FRI / | SAT / | SUN / | MON / | TUE / | WED / |
|----------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| HOURS | | | | | | | | | | | | | | |

FOR ACADEMIC STAFF ONLY:

From **1/1/96**, Academic staff who submit annual leave requests may be approved to carry unused leave into the next year and are entitled to be paid for unused leave at the end of the appointment. If forms have been submitted, please show the number of hours of annual leave that the staff member has taken since 1/1/96 or since commencement of this appointment, if after 1/1/96: _____ hours.

Recommended: _____ / ____ / ____
Head of School/Centre/Office or other Personnel Delegate (Date)

PERSONNEL OFFICE USE ONLY

 Macquarie University 25 September 1997

All paperwork attached and correct: _____ (inits) _____ / ____ / ____

Approved: _____ / ____ / ____
Deputy Vice-Chancellor (Academic) / Director, Personnel

Letter written / Processed / PMIS entered: _____ (inits) _____ / ____ / ____

Checked: _____ (inits) _____ / ____ / ____