FORM NO.

SR

Newfoundland Labrador

DATE RECEIVED
PAYROLL

SEVERANCE PAYMENT REQUEST

S.I.N. | SURNAME | GIVEN NAME | INITIAL

EFFECTIVE DATE (COMPLETE ONE)			YY	MM	DD
	01	DATE OF RETIREMENT			
	02	DATE OF RESIGNATION			
	03	DATE OF LAYOFF			
	04	DATE OF DEATH			
	05	DATE OF DISABILITY			
	06	REDUNDANCY (ART. 56)			

PAYMENT WILL BE MADE TO (CHECK ONE)		
	01	EMPLOYEE
	02	TRANSFER
IF 1 AND 2 CHECKED, PLEASE ENTER AMOUNT PAYABLE TO EMPLOYEE BELOW		

DATE OF BIRTH		
YY	MM	DD

EMPLOYEES MAILING ADDRESS _____

_____ POSTAL CODE _____

TRANSFERS NAME (IF APPLICABLE) _____

TRANSFERS MAILING ADDRESS (IF APPLICABLE) _____

_____ POSTAL CODE _____

PLEASE RETURN APPLICATION TO:

PAYROLL DIVISION
DEPARTMENT OF EDUCATION
P.O. BOX 8700
ST. JOHN'S, NL
A1B 4J6

DATE _____ (YY / MM / DD) EMPLOYEE'S SIGNATURE _____

DATE _____ (YY / MM / DD) DEPARTMENT SIGNATURE _____

OFFICE USE ONLY ELIGIBLE ROLLOVER YEARS _____ ROLLOVER ENTITLMENT _____

BASIC ANNUAL SALARY _____ NO. OF CONTINOUS YEARS _____ SEVERANCE ENTITLEMENT _____

BONUS 1
2
3

TOTAL _____

	YY	MM	DD
DATE PAID			
DATE MAILED			
CHEQUE NO.			

DEPARTMENT OF EDUCATION COPY