

FORM NO.

SR



DATE RECEIVED

PAYROLL

SEVERANCE PAYMENT REQUEST

S.I.N. SURNAME GIVEN NAME INITIAL

Table with columns: EFFECTIVE DATE (COMPLETE ONE), YY, MM, DD. Rows include: 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 EMPLOYEE'S SIGNATURE

DATE DEPARTMENT SIGNATURE

OFFICE USE ONLY
ELIGIBLE ROLLOVER YEARS ROLLOVER ENTITLMENT
BASIC ANNUAL SALARY NO. OF CONTINUOUS YEARS SEVERANCE ENTITLEMENT DATE PAID DATE MAILED CHEQUE NO.
BONUS 1 2 3
TOTAL DEPARTMENT OF EDUCATION COPY