

HR5 – Notification of Leaver

All information will be logged and audited within the organisation. This form should be fully completed as soon as the date of leaving is known. Incomplete forms cannot be processed and will be returned to the manager. The manager must be a registered authorised signatory.

If this form is received by Workforce Information after the 6th of the month then the employee will miss the normal BACS monthly payroll run. If this date has passed, please notify the Workforce Transactional team immediately to avoid any overpayments being made.

*** Mandatory Field**

| 1. About the Employee | | | |
|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--|
| Organisation* | Select | | |
| Assignment Number* | It is essential that this number is provided. It can be found on either the employees wage slip or the monthly budget report | | |
| Surname* | | Forename(s)* | |
| Title* | Select... | Job Title* | |
| Does the leaver have ESR access? * | No <input type="checkbox"/> | Yes <input type="checkbox"/> (Workforce Information to End Date access) | |
| Is the leaver a 'Supervisor' on ESR* | Yes <input type="checkbox"/> | No <input type="checkbox"/> (Go to section 2) | |
| Name of replacement Supervisor* | | | |
| Assignment number of replacement Supervisor* | | | |

| 2. About the Manager | | | |
|--------------------------|-------------------------------------------------------------------------------------------------|-------------------|--|
| Cost Centre * | This is a 6 character code identifying the budget to which costs for this employee are charged. | | |
| Cost Centre Name* | | Job Title* | |
| Manager Name* | | Telephone* | |

| 3. Leaving Details | | | |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| Reason for leaving* | Select.... | | |
| If flexible retirement* | Put X in box <input type="checkbox"/> see guidance notes | | |
| Contract end Date* Normal Working Week* (put x in boxes as appropriate) | Please see supporting guidance notes Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> | | Last Working Date* Contracted Hours/Wk* |
| Has the employee fulfilled their contracted hours for their last week of working? * | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Destination* | Select... | Please provide details of what the employee intends doing on leaving. If moving within the NHS please tell us where. | |
| NHS Organisation | | | |

| 4. Payments and Deductions | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----------------------------------|-------------------|
| Only complete this section if there are outstanding payments due to the employee or the employee has been overpaid e.g. they have overtaken annual leave or are to be paid in lieu of notice. | | | |
| Annual Leave | Pleas e | Select... Select... | Amend as required |
| Lieu of Notice | Pleas e | Pay Select... | Amend as required |

| | |
|---------------------------------------------------------------|--------------------------------------------------------------------|
| Other | Free text for details of any other deductions or payments required |
| Redundancy Payment (confirmed amount only) | Please Pay Redundancy Payment |
| Redundancy Authorised by Line Manager (signature) | |
| Redundancy Authorised by Workforce Manager (signature) | |

5. Contact and Exit Interview

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------|--|
| Correspondence Address* | Please include post code | | |
| After processing this form, Workforce Information will send out an exit questionnaire to the ex-employee if appropriate. Please select how this should be sent. | | | |
| Exit Questionnaire* | Select... | Email Address* | |

6. Employee's Declaration

| | | | |
|-------------------------------------------------------------------------------------|--|--------------|--------------------------|
| I declare that the details are true and accurate to the best of my knowledge [tick] | | | <input type="checkbox"/> |
| Employee Signature* | | Date* | |

7. Manager's Declaration

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------|--------------------------|
| I declare that the details are true and accurate to the best of my knowledge. I can confirm that the details in this form have been approved by the employee stated in section 1 and that two copies of this form have been signed by both persons. 1 copy has been placed on the employee's personal file held locally. The other has been given to the employee for their records. [tick] | | | <input type="checkbox"/> |
| Managers Name* | | | |
| Managers Signature* | | Date* | |

8. Workforce Manager's Declaration (Redundancy Purposes Only)

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------|--------------------------|
| I declare that the details are true and accurate to the best of my knowledge. I can confirm that the details in this form have been approved by the employee stated in section 1 and that two copies of this form have been signed by both persons. 1 copy has been placed on the employee's personal file held locally. The other has been given to the employee for their records. [tick] | | | <input type="checkbox"/> |
| Managers Name* | | | |
| Managers Signature* | | Date* | |

Scan a PDF file copy and email to: yhcs.payroll@nhs.net

Please ensure subject field of email includes: VPDxxx, Assignment Number, Employee name, Form HR5

Or send via post to:

**Workforce Transactional Team, Yorkshire and Humber Commissioning Support,
Health House, Grange Park Lane, Willerby, HU10 6DT**

Guidance for HR5 – Notification of Leaver

DO NOT PRINT THIS GUIDANCE DOCUMENT WITH THE COMPLETED FORM

The HR5 – Notification of Leaver Form is used to notify Workforce Information that an employee is due to leave the organisation. It should not be used when an employee is ending one of multiple

jobs with the organisation (a HR4 – Variation to Contract should be used to end the position). It should be completed in Microsoft Word, onscreen, with the employee.

Once complete, it should be printed and signed. The original signed copy should be photocopied twice then:

- 1 copy should be placed on the personal file
- 1 copy should be given to the employee for their records

Scan a PDF file copy and email to: yhcs.payroll@nhs.net

Please ensure subject field of email includes: VPDxxx, Assignment Number, Employee name, Form HR5

Or send via the post:
Workforce Transactional Team,
Yorkshire and Humber Commissioning Support
Health House
Grange Park Lane
Willerby, HU10 6DT

The form will be checked against the authorised signatory list to ensure that it is correctly authorised. Any unauthorised forms will be reported back to department heads and may be subject to reporting to notification to local counter fraud.

1. About the Employee

Enter all details in full – missing details will delay processing of the form

2. About the Manager

Enter all details in full – missing details will delay processing of the form

3. Leaving Details

Reason for Leaving – select a reason from the drop down box

If Flexible Retirement – if the employee is retiring on a flexible basis and will be returning then you need to ensure a new HR2 – Notification of Appointment form is completed for the employee. (The old record must be closed completely in order to release the pension and a new record must be created for this employment). – Please seek further advice from the Workforce Transactional Team.

Leaving Date – enter the last day of service in this box. Please note the following when considering the date to enter in this field from the Agenda for Change terms and conditions: *7.4. Where full-time salaried employees terminate their employment immediately before a weekend and/or a public holiday and take up a new salaried post with another NHS employer immediately after that weekend and/or that public holiday, payment for the intervening day or days, i.e. the Saturday (in the case of a five day working week) and/or the Sunday and/or the public holiday, shall be made by the first employer.*

Contract End Date – this will be the Sunday of the last working week, if contracted hours for the full week have been completed. Eg. last working day Friday 12th Sept 2014, Contract end date would be 14th Sept 2014. If employee is taking Annual leave, the contract end date will be last day of their annual leave. Please indicate in the boxes, which days that the employee is contracted to work and their contracted hours/week.

Destination – enter the destination on leaving

NHS Organisation – if the employee is leaving to go to another NHS Employer, enter the name of the NHS employer in this box. It's important that you do so to enable national workforce movements to be analysed by the SHA and DoH.

4. Payment and Deductions

If money or annual leave is owe to the employee on leaving or the employee owes the organisation money or annual leave then use this section to notify McKesson payroll that allowances, deductions need to be made.

Redundancy payment – Please DO NOT enter an estimate amount as only confirmed amounts can be authorised.

5. Contact and Exit Interview

Correspondence Address – enter the contact address for the employee in this section.

Exit Questionnaire – choose whether to have a paper or electronic exit questionnaire form sent to the employee. Please note that the employees personal email address will be required to send the electronic exit questionnaire to.

6. Employee's Declaration and 7. Manager's Declaration

Complete in full.