**Cessation Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | |  | | | | | | | | | | |
| **Address:** | |  | | | | | | | | | | |
| **Employee No:** | | **N/A** | | | | | | | | | | |
| **PPSN No:** | |  | | | | | | | | | | |
| **Title of Post:** | | **External Authenticator** | | | | | | | | | | |
| **Has person handed back all items belonging to TETB** | | Yes | | | |  | | No |  | N.A. | | 🗸 |
| **Programme:** | | Centre Code | | | | Programme | | | | | End Date | |
| 1. | EAF | | | QQI | | | | |  | |
| 2. |  | | |  | | | | |  | |
| 3. |  | | |  | | | | |  | |
| 4. |  | | |  | | | | |  | |
| 5. |  | | |  | | | | |  | |
| 6. |  | | |  | | | | |  | |
| 7. |  | | |  | | | | |  | |
| 8. |  | | |  | | | | |  | |
| **Reason For Termination:** | | N/A | | | | | | | | | | |
| **Will staff member continue employment in another centre within TETB** | | Yes | |  | No  🗸 |  | Centre  Name | |  | | | |
| **Signed:** |  | | | | | | **Date:** | |  | | | |

Principal/Co-ordinator/Manager

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Office Use Only:**

Left Suspended Remain as Appointed

Note: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Checked by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return completed form to: Human Resources Department, Tipperary ETB, Church Rd, Nenagh, Co. Tipperary.**