

CESSATION OF EMPLOYMENT



Please complete this form when an employee has separated from their pre-injury employer.

PRIVACY

WE ARE COMMITTED TO PROTECTING YOUR PRIVACY

EML operates under the Australian Privacy Principles and is committed to handling your personal information in accordance with the Privacy Laws and the Australian Privacy Principles.

We also operate in the ACT and follow the Territory Privacy Principles set out under the *Information Privacy Act 2014* (ACT). Protecting your privacy and personal information is an important aspect of the way we manage our services.

To read more about our privacy statement, and how to contact the EML Group Privacy Officer, please visit www.eml.com.au/privacy

EMPLOYEE DETAILS

Surname		Given names(s)	
Date of Birth		Date of injury	
Claim number		Current employer	
Classification at date of injury		Job title at date of injury	

EMPLOYMENT DETAILS ON CESSATION

Normal Weekly Earnings (NWE)

Date of effect		
Base weekly earnings (not including overtime)		
Weekly overtime earnings	\$	
Allowances	\$	
Employee's classification		
Employee's job title		
Date of cessation		
Reason for cessation	<input type="checkbox"/> Resignation	<input type="checkbox"/> Retirement (If so, please include type)
	<input type="checkbox"/> Other (If so, please specify)	

At the date of separation was the employee in the same employment (role/classification) as at the date of injury?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, please include details of what their NWE would be now had they continued in that same employment that they were in at the date of their injury.	Date of effect	
	Base weekly earnings (not including overtime)	\$
	Weekly overtime earnings	\$
	Allowances	\$

COMPLETED BY

Printed name: _____

Signature: _____

Phone number: _____

Date: _____