



Construction Income Protection Ltd. ACN 110 841 962

### DETAILS OF EMPLOYEE TERMINATION

NOTE: THIS FORM IS TO BE COMPLETED WHEN AN EMPLOYEE IS TERMINATED OR RESIGNS, NOT WHEN THEY ARE TRANSFERRED BETWEEN COMPANIES.

TERMINATED FROM: (NAME OF EMPLOYER)

#### PERSONAL DETAILS OF EMPLOYEE

NAME

MEMBER NUMBER

CURRENT ADDRESS

POSTCODE

EMPLOYEE TRADE

DATE OF BIRTH

#### SICK LEAVE ENTITLEMENTS DETAILS

DATE OF FIRST CIPQ CONTRIBUTION:

DATE OF LAST CIPQ CONTRIBUTION:

*The Commencement and Termination dates are important as they enable us to work out what sick days have been allocated for 12 months in advance (ie: the anniversary dates as per their award entitlement).  
No employee is entitled to more than 10 days sick leave in one year.*

NUMBER OF SICK DAYS TAKEN PRIOR TO 1 MARCH 2001:

DAYS

NUMBER OF SICK DAYS TAKEN AFTER 1 MARCH 2001:

DAYS

TOTAL NUMBER OF SICK DAYS TAKEN DURING HIS / HER EMPLOYMENT:

DAYS

THIS EMPLOYEE:

OR A) TERMINATED THROUGH LACK OF WORK

B) RESIGNED

#### SIGNATURE OF EMPLOYER

SIGNED BY

POSITION

PRINT NAME IN FULL

DATE

#### OFFICE USE ONLY

A =  TOTAL CIPQ WEEKS PAID BY EMPLOYER FOR EMPLOYEE

B =  1.85 HOURS (WEEKLY ACCUMULATION)

C =  DAYS TAKEN AS RECORDED ON TERMINATION FORM

A x B - C =  DAYS TO BE RECORDED