

Person Specification	
Education/Qualifications:	
Essential	Desirable
Skills/Knowledge:	
Essential	Desirable
Attributes	
Essential	Desirable
Business Contacts	
External	Internal
I verify that the above is an accurate reflection of the position at the current time.	
Line Manager's name:	
Line Manager's signature:	Date:
I agree that the above accurately reflects my understanding of the position at the current time.	
Name of person in role:	
Signature of person in role:	Date:
Copies of this Position Description are to be given to the incumbent and to Human Resources/the Executive responsible for HR.	

Form 7 – Certificate of service

<Date>

Certificate of service

ABC Pty. Ltd. confirms that <Employee full name> was employed by ABC Pty. Ltd. in the position of <Position Title>. His/Her <delete as appropriate> main duties in this position where: <list main duties>.

<Employee first name> commenced employment with the Company on <Date> and ceased employment with the Company on <Date>.

(Optional paragraph only to be included if it is accurate)

<Employee full name> ceased employment with ABC Pty. Ltd. of his/her own volition.

As a matter of policy ABC Pty. Ltd. does not provide references expressing views or opinions as to:

the performance or abilities of its former employees; or

their suitability or otherwise for the post with your organisation for which they have applied.

Nothing in this reference should be taken as expressing such an opinion.

Yours sincerely

<Name>

<Title>

SAMPLE

Form 8 – Exit Interview form

ABC Pty. Ltd.		Exit Interview Form	
Please refer to the Company's HR Manual for guidelines on Exit Interview processes			
Employee Name:		Date of Interview:	
Position title:		Employee's Termination date:	
Department:		Employee's Commencement date:	
Line Manager:		Interviewer:	
Termination Details: Please tick as appropriate			
Type	Reason (if voluntary departure)		Next Move
Resignation	Job Security		External Job Offer
Internal Transfer	Job Duties		New Internal Position
End of Limited Tenure Contract	Environment		Own/Family Business
Retirement	Career Prospects		Primary Family Caregiver
Retrenchment	Work Hours		Study
Dismissal	Pay		Travel
Deceased	Health		Retirement
Other (specify):	Family Reasons		Unsure
	Unspecified		Unspecified
Employee Feedback			
1. Terms and Conditions of Employment			
Was the employee satisfied with the following:	Yes	No	Comments
Salary			
Superannuation			
Hours of Work			
Working Environment			
Other benefits/conditions (please specify)			
2. Organisational Relationships			
What feedback did the employee offer about the organisation?			
What feedback did the employee offer about their Line Manager/Supervisor?			
What feedback did the employee offer about his/her team?			

Exit Interview Form (continued)

3. Job Satisfaction			
How did the employee view the following statements?	Yes	No	Comments
He/She was part of a good quality team			
His/Her job was interesting			
His/Her work objectives were clear and well understood			
He/She was able to influence and to have ideas accepted			
4. Overall			
How did the employee view the following statements?	Yes	No	Comments
Employees have a clear understanding of the organisation's objectives			
ABC Pty. Ltd. is a good Company to work for			
ABC Pty. Ltd. provides sufficient training opportunities			
ABC Pty. Ltd. provides sufficient opportunities for career development			
Please list any constructive suggestions the employee may have offered to improve the organisation.			
Interviewer's Name:		Interviewer's Signature:	Date:
Forward to Human Resources/the Executive responsible for HR for action and filing.			

Form 9 – Exit Checklist

ABC Pty. Ltd.		Exit Checklist
Please refer to the Company's HR Policy Manual for guidelines on Termination processes		
This section to be completed by the Employee's Line Manager/Supervisor		
Employee Name:	ID Number:	
Position title:	Department:	
Termination date:	Last day at work:	
Line Manager Name:		
Return of Company Property		
<i>Item</i>	<i>Department</i>	<i>Department to initial to confirm return</i>
Identification Badge		
Proximity Card		
Uniform		
Office Keys (eg desk, drawers, filing cabinets etc)		
Mobile Phone		
Laptop and Computer Equipment		
Company Credit Card		
Company Car and Keys		
Novated Lease (Lease company notified of termination)		
Fuel Card		
Company Books/Resources		
Facsimile		
Other items as per Asset Register (copy held on employee's personnel file)		
Line Manager's Name:	Line Manager's Signature:	Date:
Completed Checklist to be forwarded to Payroll department for action.		

Form 10 – Leave Application form

ABC Pty. Ltd.		Leave Application	
Please refer to the HR Manual for guidelines on leave entitlements and application requirements.			
Name:		Employee Number:	
Department/Business Unit:		Location:	
Leave Details			
Type of Leave	✓	First Date of Leave	Last Date of Leave
Annual Leave			
Personal Leave			
- Sick Leave			
- Carer's Leave			
Compassionate Leave			
Community service leave including jury service leave			
Long Service Leave			
Leave Without Pay			
Other, please specify			
Please note applications for Parental Leave should be made using the Parental Leave Application form.			
If this leave is approved, I will resume work on:			
Date of Application:		Employee's Signature:	
This form must be authorised by the applicant's Line Manager and given to Payroll at least three weeks before the start of leave.			
AUTHORISED BY:			
Name:	Signature:	Date:	
Office use only:			
Number of hours debited against employee entitlement:		Date:	
✂			
Line Manager notification			
To:<Manager> _____			
Approval for _____ Leave type has been granted to Mr/Ms _____			
For the period / / to / /			
✂ Please give the following notification to the employee.			
Employee Notification			
To: <Employee> _____			
Regarding your request for _____ Leave for the period / / to / /			
<input type="checkbox"/> Your application has been approved			
<input type="checkbox"/> Your application has been denied; please refer any queries to your Line Manager.			

Form 11 – Parental Leave Application form

ABC Pty. Ltd.				
Parental Leave Application				
Please refer to the HR Manual for guidelines on parental leave entitlements and application requirements				
Name:		Employee Number:		
Position Title:		Hired Date:		
Location:		Manager's Name:		
Expected Date of Confinement:		Department:		
Expected Date of Return to Work:				
Leave Details				
Type of Leave	✓	First Date of Leave	Last Date of Leave	Weeks
Parental Leave	✓			
Please indicate whether you will also be taking another form of leave during your absence				
Annual Leave				
Long Service Leave				
Other, please specify				
Total absence (not to exceed 52 weeks)				
I have attached the following documentation as outlined in the Company's Parental Leave policy.				
Maternity and Paternity Leave				
<input type="checkbox"/> Medical Certificate stating expected date of confinement.				
<input type="checkbox"/> Statutory Declaration declaring any period of leave to be taken by the employee's partner.				
Adoption Leave				
<input type="checkbox"/> Official government confirmation of the expected date of placement.				
<input type="checkbox"/> Statutory Declaration declaring any period of leave to be taken by the employee's partner.				
Date of Application:		Employee's Signature:		
This form must be authorised by the applicant's Line Manager and given to payroll at least four weeks before the start leave or ten weeks before the expected date of confinement.				
AUTHORISED BY:				
Name:	Signature:	Date:		
<i>Office use only:</i>				
<i>Annual Leave at start of Parental Leave</i>		HOURS	WEEKS	
<i>Long Service Leave at start of Parental Leave</i>		HOURS	WEEKS	
<i>Sick Leave at start of Parental Leave</i>		HOURS	WEEKS	
<input type="checkbox"/> <i>Leave details processed</i>				
<input type="checkbox"/> <i>Parental Leave Confirmation Memo generated</i>				
<i>Office Signature:</i>			<i>Date:</i>	