GSSC
GAUTENG SHARED SERVICE CENTRE

# TERMINATIONS

## TERMINATION OF SERVICE

*(This form is to be completed by the employee and in cases of **Misconduct** and **Death** by the department)*

**A: PERSONAL INFORMATION**

Surname: _____ Initials: _____

Department: _____

Tax Number: _____

Persal Number: | | | | | | | | |

Identity Number: | | | | | | | | | | | | | |

Postal Address: _____ Residential Address: _____

_____ _____

_____ Code: _____ _____ Code: _____

Telephone Number: ( _____ ) _____

Cell Number: _____

**REASON FOR TERMINATION (Mark the appropriate box win an "X")**

| | | | | | |
|---|---|---|---|---|---|
| **Resignation** | | **Expiry of Contract** | | **Retirement** | |
| **Medical Retirement (Poor Health)** | | **Re-organisation** | | **Misconduct** | |
| **Death** | | **Other (Specify)** _____ | | | |

**SERVICE TERMINATION DATE**

| Year | | | | Month | | Day | |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

| Signed by Applicant/ On Behalf of Applicant | | Approved by Supervisor/ Head of Division | |
|---|---|---|---|
| **Signature** | **Date:** | **Signature** | **Date:** |

**DEPARTMENTAL HR MANAGER**

Name & Job Title: _____

Remarks: _____

_____

_____

Signature: _____ Date: _____ Contact Number: _____