

# Form

## Leave information

Employer: \_\_\_\_\_

Name of the employee: \_\_\_\_\_

The employment ends at: \_\_\_\_\_

The employment ends through:

- |                                                  |                                                                     |                                         |
|--------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Termination by employee | <input type="checkbox"/> Firing without previous notice             | <input type="checkbox"/> Premature exit |
| <input type="checkbox"/> Termination by employer | <input type="checkbox"/> Ending during probation period by employee | <input type="checkbox"/> Other          |
| <input type="checkbox"/> Mutual agreement        | <input type="checkbox"/> Ending during probation period by employer |                                         |

### Holidays

- ☐ No holiday was consumed.
- ☐ There are still \_\_\_\_\_ days open.
- ☐ The entire holiday entitlement has been consumed. There are no outstanding days.

### Home-Office days

- ☐ There are no Home-Office days to consider.
- ☐ In the month of leaving, there are \_\_\_\_\_ Home-Office days to consider.
- ☐ The Home-Office days will be reported in the following month.

### Others

- ☐ More hours/overtime hours to be paid out: \_\_\_\_\_
- ☐ Other payments to be considered: \_\_\_\_\_
- ☐ Reimbursement of costs (e.g. travel expenses): \_\_\_\_\_

Date: \_\_\_\_\_ Employer's signature: \_\_\_\_\_

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Print Form

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