

# Form

## Leave information

Employer: _____	client number	
Name of the employee: _____	employee number	
The employment ends at: _____		
The employment ends through: _____		
Termination by employee	Firing without previous notice	Premature exit
Termination by employer	Ending during probation period by employee	Unauthorized exit
Mutual agreement	Ending during probation period by employer	Justified exit

### Holidays

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):

\* Unless already transmitted via Flexiform or interface.

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

