

Form

Leave information

Employer: _____	<table border="1" style="float: right; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td colspan="10" style="text-align: center;">client number</td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td colspan="10" style="text-align: center;">employee number</td></tr></table>											client number																				employee number									
client number																																									
employee number																																									
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"/> Unauthorized exit																																									
<input type="checkbox"/> Mutual agreement <input type="checkbox"/> Ending during probation period by employer <input type="checkbox"/> Justified exit																																									

Holidays

<input type="checkbox"/> There are still _____ days open.
<input type="checkbox"/> The entire holiday entitlement has been consumed. There are no outstanding days.

Home-Office days

<input type="checkbox"/> There are no Home-Office days to consider.
<input type="checkbox"/> In the month of leaving, there are _____ Home-Office days to consider.
<input type="checkbox"/> The Home-Office days will be reported in the following month.

Others *

<input type="checkbox"/> More hours/ overtime hours to be paid out: _____
<input type="checkbox"/> Other payments to be considered: _____
<input type="checkbox"/> Reimbursement of costs (e.g. travel expenses): _____

* Unless already transmitted via Flexiform or interface.

Date: _____ Employer's signature: _____

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