



DATE RECEIVED
BY PAYROLL

SEVERANCE PAYMENT REQUEST

Name: _____ S.I.N.: _____
 Date of Birth: _____ Employee ID: _____
 Employee Address: _____

Effective Date (Complete One)					
Retirement	_____	Layoff	_____	Disability	_____
Resignation	_____	Death	_____	Redundancy	_____

Payment Made To:	Amount
Employee	\$ _____
*Transfer	\$ _____
*Please include current Notice of Assessment	

TRANSFER INFO:	Financial Institution _____
	Mailing Address _____

EMPLOYEE SIGNATURE: _____ DATE: _____

PLEASE RETURN APPLICATION TO:

TEACHERS' PAYROLL
 DEPARTMENT OF EDUCATION
 AND EARLY CHILDHOOD DEVELOPMENT
 P.O. BOX 8700
 ST. JOHN'S, NL A1B 4J6

EMAIL TO: payroll@gov.nl.ca

FAX TO: 709-729-0391

OFFICE USE ONLY

Last Pay Period Worked: _____ Rec #: _____ NOA Rec'd? _____

Base Salary: _____	Eligible Years: _____	Eligible Amt: _____	Code: SV1	Overpayment: _____
Bonus: _____	Non-Eligible Years: _____	Non-Eligible Amt: _____	Code: SV2	Sick Leave: _____
Total: _____	Total Years: _____	Total Amt: _____		

OVERPAYMENT INFORMATION:

Pay Period(s): _____
 Earnings Code: _____
 Hourly Rate: _____

Date Paid: _____
 Date Mailed: _____
 Cheque Number: _____
 Cheque Amount: \$ _____

MM	DD	YY

Calculated by: _____ Signature: _____ Date: _____

Actioned by: _____ Signature: _____ Date: _____