



Harry Gwala District Municipality

TERMINATION OF SERVICE FORM

SECTION A – TO BE COMPLETED BY THE EMPLOYEE AND OR SUPERVISOR/MANAGER

Employee's Name				Employee No.								
Department			Position									
Termination Date			Reason for Termination	Resignation								
Level/Grade			Dismissal	Death	Ill-Health	Other						
<u>Employee's Comments:</u>			Employee's Signature									
			Date		d	d	m	m	y	y	y	y
<u>Supervisor's Comments:</u>			Employee's Signature									
			Date		d	d	m	m	y	y	y	y

SECTION B – HOD'S INSTRUCTION

Post Impact Assessment(see codes at bottom)				
Comments and Recommended Action	Advertisement of Vacancy		Yes	No
	Acting employee to be appointed		Yes	No
	Post to be abolished		Yes	No
	Any other action		Yes	No
	Municipality property recovered		Yes	No
	Please tick Municipal Property returned			
	Laptop		Tool box	
	3G Card		Printer	
	GPS		Office Keys	
	Petrol Card		Pool Car	
Signature of HOD	Date	Other Property -		

SECTION B - TO BE COMPLETED BY THE HUMAN RESOURCES DEPARTMENT

			Details of further action to be taken								
Exit Interview arranged	Yes	No									
Leave balance calculated											
Medical Aid company advised											
Payroll advised of termination											
Pension/Provident advised											
Employee terminated on Payroll											
Comments:											
Name of HR Practitioner											
Signature of HR Practitioner			Date	d	d	m	m	y	y	y	y



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