EXPIRY OF FIXED-TERM APPOINTMENT

Faculty/Office to complete (The form must be submitted in time to allow any necessary notice to be given): The fixed-term appointment of the following staff member will end on: (Day) (Date) Faculty/Office: Department: Family Name: _____ Other Names: ____ ☐ Full-time ☐ Part-time Employee Number: _____ Job No.: _____ ☐ Academic ☐ Professional I advise that the staff member will NOT be offered a further appointment in this position and that the job is no longer required in its current form. The possibility of a further offer had depended on the availability of further work in this area. and that there is no further funding available for the position. The possibility of a further offer had depended on the availability of further work in this area. as the position has been filled by another appointee. as the person is not seeking further appointment with the University (see attached letter). as the appointment was to replace a member of staff who is on maternity leave or secondment, and this person will be returning to duties on / / as at this stage it is not clear whether funding/ student numbers/ other will enable a further appointment to be made. The possibility of a further offer depends on the availability of further work in this area. as set out in the original offer. other reason: For Professional Staff Only: For part-time Professional Staff, please show the ordinary hours worked or to be worked in the last part week or fortnight, as the average hours may be incorrect. Last Week / Fortnight - Dates and Hours to be Worked DAY THU **WED** TUE WED **FRI** SAT SUN MON TUE THU FRI SAT SUN MON **DATE** _/_ __/_ HOURS Recommended: Date: ____/___/ Date: ____/___ Approved: Head of Department/Faculty/Office or other HR Delegate HR USE ONLY: Eligible for severance payment?:

No ☐ Yes - Number of Weeks: _____ Letter written/HRIS entered: _____ (inits) ___ / ___ / ___ Checked: _____ (inits) ____ / ____ / ____

