



Australian Government

Comcare

PUTTING YOU *FIRST*

## CESSATION OF EMPLOYMENT

This form should be completed when an employee has separated from Commonwealth or ACT Government employment.

### COMPLETING THIS FORM

Please complete this form and return it to:

Comcare  
GPO Box 9905  
Canberra 2601

### DISCLOSING AND SHARING INFORMATION

Please note that the information contained within the employee's claim and related documents may contain personal information that is sensitive and confidential. You should ensure that you comply with your obligations under the *Privacy Act 1988*, including only disclosing or using the information when responding to or managing the employee's claim.

For more information call 1300 366 979 or visit our website at [www.comcare.gov.au](http://www.comcare.gov.au)

### EMPLOYEE DETAILS

Comcare claim reference number (if known)	<input type="text"/>
Surname	<input type="text"/>
Given name(s)	<input type="text"/>
Date of birth	<input type="text"/>
Postal address	<input type="text"/>
	<input type="text"/>
Date of injury	<input type="text"/>
AGS number	<input type="text"/>

**EMPLOYMENT DETAILS ON CESSATION**

Salary \$   per annum  per week  per fortnight

Employee's classification

Employee's job title

Date of last increment  /  /

Increment level (i.e. 1st, TOR etc.)

Paid to close of business

Paid from  /  /  to  /  /

Date of cessation

Reason for cessation  Resignation  Retirement (type)

Other (specify)

Date application forwarded to Comsuper  /  /

Name of personnel officer

Signature  Date  /  /

Contact telephone number (  )

Customer/Department