



Australian Government

Comcare

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: general.enquiries@comcare.gov.au or by mail 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

EMPLOYEE DETAILS

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

EMPLOYMENT DETAILS ON CESSATION

Normal Weekly Earnings (NWE)

Date of effect	<input type="text" value="/ /"/>
Base weekly earnings (not including overtime)	\$ <input type="text"/>
Weekly overtime earnings	\$ <input type="text"/>
Allowances	\$ <input type="text"/>
	<input type="text"/>
Employee's classification	<input type="text"/>
Employee's job title	<input type="text"/>
Paid to close of business	<input type="text"/>
Date of cessation	<input type="text"/>
Reason for cessation	<input type="checkbox"/> Resignation <input type="checkbox"/> Retirement (type) <input type="text"/>
	<input type="checkbox"/> Other (specify) <input type="text"/>

At the date of separation was the employee in the same employment (role/classification) as at the date of injury?

Yes No

If no, you must also include details of what their NWE would be now had they continued in that same employment that they were in at the date of their injury.

Normal Weekly Earnings (NWE)—position held at date of injury

Date of effect	<input type="text" value="/ /"/>
Base weekly earnings (not including overtime)	\$ <input type="text"/>
Weekly overtime earnings	\$ <input type="text"/>
Allowances	\$ <input type="text"/>
	<input type="text"/>
Employee's classification at date of injury	<input type="text"/>
Employee's job title at date of injury	<input type="text"/>
Date application forwarded to superannuation scheme or fund	<input type="text" value="/ /"/>
Name of personnel officer	<input type="text"/>
Signature	<input type="text"/> Date <input type="text" value="/ /"/>
Contact telephone number	(<input type="text"/>) <input type="text"/>
Customer/Department	<input type="text"/>