

Employer Notification of Termination of Employment

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| Please complete this form when employment of a child ceases or the child reaches the end of their statutory schooling, thus being the last Friday in June of any given year. Please return the completed form to [childemployment@wokingham.gov.uk](mailto:childemployment@wokingham.gov.uk)  (Please complete all fields) |

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| Name of Company |
| Click or tap here to enter text. |

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| Name of person completing the form |
| Click or tap here to enter text. |

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| Email address of person completing the form |
| Click or tap here to enter text. |

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| Name of employee no longer in employment |
| Click or tap here to enter text. |

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| Date of Birth of employee no longer in employment |
| Click or tap to enter a date. |

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| Home Postcode of employee no longer in employment |
| Click or tap here to enter text. |

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| Date of last day of employment |
| Click or tap to enter a date. |