



MOP(S) ACT EMPLOYEES
TERMINATION OF EMPLOYMENT

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| Options for returning your completed form | Enquiries: Ministerial and Parliamentary Services |
| Scan and Email to: | |
| or Post to: | |

EMPLOYER DETAILS

➤ Employer name: Senator the Hon Linda Reynolds

➤ Employer state: WA

EMPLOYEE DETAILS

➤ Full name: Bruce Lehrmann

➤ Is the Employee continuing their MOP(S) Act employment, without a break in service, in the office of another Senator or Member?
 No Yes Name of new employing Senator or Member

➤ Is the Employee returning to Public Sector employment?
 No Go to RESIGNATION
 Yes Name of organisation

➤ Employee's forwarding address

➤ Personal email address

➤ Mobile phone number

RESIGNATION

➤ Did the Employee resign?
 No Go to TERMINATION OF EMPLOYMENT
 Yes Date of the last working day: _____
 (Please attach a copy of the resignation letter to this form)
 ➤ Go to SIGNATURE OF THE EMPLOYING SENATOR OR MEMBER OR AUTHORISED PERSON

TERMINATION OF EMPLOYMENT

➤ On what date did the Employee's employment terminate? 5.4.2019

➤ On what date was the Employee first given written notice that his/her employment would terminate? 5.4.2019
 Please attach a copy of the written notice to this form.

➤ Was the Employee on probation? No Yes

➤ Was the termination of the employment initiated by the employer?
 No Please tick the 'another reason' box on page 2 and describe the circumstances of the termination.
 Yes Please tick the appropriate reason on page 2.

- The termination of the Employee's employment was due to: (Tick **one** of the following)
- a restructure within the Senator's or Member's office which resulted in the loss of the Employee's position.
 - the Senator or Member varying the duties of employees within their office, which resulted in the loss of the Employee's position.
 - the Senator or Member no longer requiring the particular skills and/or knowledge of the Employee.
 - the Senator or Member having concerns about the performance and/or conduct of the Employee.
 - the Senator or Member having lost trust or confidence in the Employee.
 - the Employee having a conflict of interest.
 - another reason (please specify the other reason):

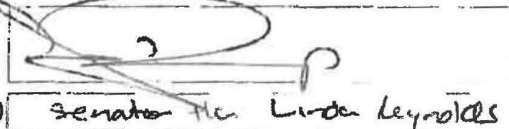
serious misconduct

➤ Please ensure that outstanding leave forms and/or variations have been submitted or are attached.

SIGNATURE

- By signing this form, I acknowledge that:
- I understand that knowingly giving false or misleading information is a serious offence under the *Criminal Code Act 1995*.
 - I have read and understood the *Privacy Collection Notice* (see below).

Signature of Employer or Authorised Person



Date

5/4/19

Name (if authorised person)

Senator The Honourable Linda Reynolds

Privacy Collection Notice — Consistent with the *Privacy Act 1988*, the Department of Finance (Finance) uses the personal information provided in this form to facilitate the administration of work expenses and allowances for Parliamentarians and their employees under the parliamentary work expenses framework. Details of the related expenditure may be tabled in Parliament, published on Finance's website, or provided to the Special Minister of State, the Independent Parliamentary Expenses Authority, relevant service providers, or publicly, as authorised by law. Further details on the collection, storage and use of personal information provided is available at www.mans.finance.gov.au/privacy.htm