**Leavers Form – (including transfer to another University Department)**

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| --- | --- |
| **Full Name** |  |
| **University Bar code (on current University card)** |  |

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| --- | --- | --- | --- | --- |
| **Leaving On (date)** | **Are you (Delete as appropriate)** | | | |
| **­­­**\_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ | Leaving University of Oxford / Moving Departments | | | |
| **Forwarding address for Final Payslip and P45 \*(n/a when transferring to another department)** | | | | |
|  | | | | |
| **Forwarding e-mail address** | | | | |
|  | | | | |
| **Do you have a current work permit? Yes/No (please provide details)** | | | | |
|  | | | | |
| **If Yes – Are you leaving the UK? If so on what date?** | | | | |
|  | | | | |
| **Do you hold an honorary contract with the OUH NHS Trust? (Delete as appropriate)** | | | | |
| Yes / No | | | | |
| **Reasons for leaving the University/Department** | | | | |
| Expiry of fixed-term contract/redundancy | |  | Resignation: Further Study |  |
| Early Retirement | |  | Resignation: Pay/Conditions |  |
| Normal retirement | |  | Ill health |  |
| Voluntary severance | |  | Disciplinary |  |
| Resignation: Personal / Family reasons | |  | Other (give details) |  |
| Resignation: Promotion / Career Reasons | |  | ……………………………………………. | |
| **Name and Address of New Employer / University Department (if applicable)** | | | | |
|  | | | | |
| **Position/Grade of new post (if applicable)** | | | | |
|  | | | | |
| **FOR LAB/RESEARCH POSTS ONLY** | | | | | |
| **Please tick: Yes No**   |  |  |  | | --- | --- | --- | | **Do you have a Home Office License?**  **If applicable, PIL#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  *Please note that PIL are revoked upon departure unless other arrangements are made within the University.* | 🞏 | 🞏 | | **Have you turned in your lab book and associated data to the Principle Investigator?** | 🞏 | 🞏 | | **Have you returned any assigned laptops to the Principle Investigator?**  *Please note that you may be held responsible for any damage incurred while in your possession*. | 🞏 | 🞏 | | **Have you returned all locker keys and access cards to the Principle Investigator or Laboratory Manager?** | 🞏 | 🞏 | | **Do you have any samples relating to your research which will remain in NDM storage?**  *If applicable, please indicate the individual who has taken responsibility for these samples.*  ***Name***:  *Sample type (tick all that apply) Storage location*   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **+4°** | **-20°** | **-80°** | **LN2** | | DNA/RNA | 🞏 | 🞏 | 🞏 | 🞏 | | Cell lines | 🞏 | 🞏 | 🞏 | 🞏 | | Primary cells (PBL, PBMC, etc) | 🞏 | 🞏 | 🞏 | 🞏 | | Patient samples (Biopsy, stool, plasma) | 🞏 | 🞏 | 🞏 | 🞏 | | 🞏 | 🞏 | |  |  |  | | | | | | |

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| --- | --- | --- | --- |
| **Leavers Signature:** |  | **Date:** |  |
| **Line Manager Signature:** |  | **Date:** |  |

***Once completed, please return to (by e-mail or post):***

HR Officer, Experimental Medicine Division, Nuffield Department of Clinical Medicine, Room 5800, Level 5, John Radcliffe Hospital, Headington, Oxford, OX3 9DU

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**Personal Licence Revocation**

**This form must be completed and submitted with the original licence1 when requesting revocation**

**I no longer require my personal licence and it can now be revoked:**

|  |  |  |
| --- | --- | --- |
| **NAME OF PIL HOLDER:** |  | |
| **PIL Number:** |  | |
| **2 PIL holder Signature:** |  | **Date:** |
| **Original PIL enclosed:** | Yes □ No □ | |
| **1 If original is not enclosed please give reason** |  | |

**2** If the PIL holder is no longer at the University, please obtain e-mail confirmation that the PIL can be revoked and attach a copy of the e-mail to this form. A licence will not be sent to the Home Office for revocation without a signature or e-mail.