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

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

|  |  |
| --- | --- |
| **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**

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| **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*

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| --- | --- | --- | --- | --- |
|  | **+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.