

# REDUNDANCY PAY SLIP

Retrenchment & Final Settlement Statement

Employer Name: \_\_\_\_\_

Business Registration No: \_\_\_\_\_

Pay Date: \_\_\_\_\_

Processing Officer: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Commencement Date: \_\_\_\_\_

Termination Date: \_\_\_\_\_

Length of Service: \_\_\_\_\_

PAYMENT ITEM DESCRIPTION	CALCULATION BASIS (RATE / WEEKS)	AMOUNT
Severance / Redundancy Pay		
Payment in Lieu of Notice		
Accrued Annual Leave Payout		
Accrued Long Service Leave Payout		
Other Entitlements / Bonuses		
Deductions: Tax Withholding (ETP)		
Deductions: Other		

**Gross Redundancy Pay:** \_\_\_\_\_

**Total Deductions:** \_\_\_\_\_

**Net Settlement Amount:** \_\_\_\_\_

\_\_\_\_\_  
Authorized Employer Representative Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature (Acknowledgment of Receipt)

Date: \_\_\_\_\_