EMPLOYEE REDUNDANCY NOTICE PAY

Payroll Processing Form

COMPANY INFORMATION

Company Name _____

Employer PAYE Ref _____

Department _____

Processing Date _____

EMPLOYEE INFORMATION

Employee Name _____

Employee ID _____

National Insurance No. _____

Job Title _____

Start Date _____

Termination Date _____

Length of Service (Years) _____

Notice Period Required _____

STATUTORY NOTICE PAY CALCULATION

Description	Calculation Basis	Amount
Weekly / Monthly Gross Pay Rate		
Statutory Notice Period (Weeks / Months Paid)		
Gross Statutory Notice Pay		
Pay in Lieu of Notice (PILON) (If applicable)		
Total Gross Notice Pay Subject to Tax/NI		

DEDUCTIONS & NET SUMMARY

Deduction Type	Rate / Details	Amount
Income Tax Deduction		
National Insurance / Social Security Contribution		
Pension Contribution		
Other Deductions		
Total Deductions		

Deduction Type	Rate / Details	Amount
NET NOTICE PAY OUTSTANDING		

AUTHORIZATION & SIGN-OFF

Prepared By (Payroll Officer / HR Representative)

Date _____

Authorized By (Finance Manager / Director)

Date _____

This document serves as an official record of statutory notice pay calculations for payroll and compliance purposes.