

Full and Final Settlement Form

| Basic Information | | | |
|-------------------|----------------------|------------------|-----------------|
| Username | lal .nn | Email | lal10@gmail.com |
| Company Details | VOYAGER IT SOLUTIONS | Department | IT |
| Designation | Developer | Employee ID | 202904 |
| Date of Joining | 07-May-2018 | Resignation Date | 2022-01-01 |
| Notice Period | 30 | Date Of Leaving | 2022-01-31 |

It is the responsibility of the employee to ensure that this document is completed and submitted to the HR Department at least two days before the last date of employment. Each of the sections has to be agreed and signed off by the concerned department head. This document is to be attached to the financial settlement to enable the processing of the financial settlement.

| 1. Line Manager | | | |
|--|---------|---------|------------------|
| | | | Signed by / Date |
| Job related handover completed | Yes | No | |
| Handover notes prepared | Yes | No | |
| Email access | Disable | Delete | |
| If email to be forwarded, staff to forward to. * | | Forward | |

*Mail box will be disabled after 1 month as per IT policy

| 2. Information Systems | | | |
|-------------------------------------|----------|--------|------------------|
| | | | Signed by / Date |
| Laptop returned | Yes | No | NA |
| Mailbox duplicated | Yes | No | NA |
| Email access | Disabled | Delete | Forward |
| Change password for internet access | Yes | No | NA |

| 3. Finance & Accounts | | | |
|--------------------------------|-----|------------------|------------------|
| | | | Signed by / Date |
| Corporate Credit card returned | Yes | No | NA |
| Credit card bills settled | Yes | No | NA |
| Cash advances cleared | Yes | Final settlement | NA |
| Cancel Signatory Status | Yes | No | NA |
| Cancel retail outlet discount. | Yes | No | NA |

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| 4. Administration | | | | |
|--|----------|---------|---------|------------------|
| | | | | Signed by / Date |
| Mobile phone & SIM returned | Yes | No | NA | |
| Roaming service on phone cancelled? | Yes | No | NA | |
| Vehicle returned? | Disabled | Delete | Forward | |
| Accommodation evacuated & Assets returned? | Yes | No | NA | |
| 5. Human Resources | | | | |
| | | | | Signed by / Date |
| Leave Balance | Yes | | | |
| colspan="4" | | 1 month | | |
| Notice period waived | Yes | No | | |
| Notice Period Served | | | | |
| Authority who has waived the notice period | | | | |

Visa / Insurance / Passport

| | | | | Signed by / Date |
|--|--------|------------|--------------------|------------------|
| Visa Status of employee** | Cancel | Transfer | To be kept on hold | |
| Visa Status of employee's family | Cancel | Transfer | To be kept on hold | |
| If visa is on hold, when will it be cancelled | | | | |
| Visa cancelled on | | | | |
| Passport returned to staff | Yes | No | NA | |
| Medical insurance *** | Cancel | Keep valid | NA | |
| Medical insurance card returned | Yes | No | NA | |
| Medical Insurance cancelled on | | | | |
| If medical insurance to be kept valid, when will it be cancelled | | | | |
| Life Insurance | Cancel | Keep valid | NA | |

** If the visa not to be cancelled, a written request from the employee is required. 50% of the final

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settlement will be retained till the visa is cancelled.

*** If the medical insurance is not to be cancelled, a written request from the employee is required.

| | | | | |
|---|-----|----|----|---------------------|
| | | | | Signed by / Date |
| Office access card returned | Yes | No | NA | |
| Phone bill cleared | Yes | No | NA | |
| Air fare to be paid | Yes | No | NA | |
| Repatriation quotes received | Yes | No | NA | |
| Obtain forwarding address / phone no. | Yes | No | NA | |
| Remove from 'payroll' | Yes | | No | |
| Loans with bank | Yes | | No | |
| Final settlement to be sent to local bank | Yes | | No | |
| If final settlement to be sent to non local bank, details of Bank and Account No: | Yes | | | |
| 'Exit Interview' conducted | Yes | | No | |
| Resignation acceptance letter | Yes | | No | |
| Service certificate given | Yes | | No | |
| Others | | | | |

| | | |
|---------------|--------------------|------|
| Employee Name | Employee Signature | Date |
| | | |