

XXX Company

To: Human Resource Department

FINAL PAYMENT AUTHORISATION FORM

Staff Name:	Staff No:
Cost Centre:	Position:

<input type="checkbox"/> Resignation	<input type="checkbox"/> Dismissal / Redundancy*
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Add:		
<input type="checkbox"/> Outstanding Leave:	<input type="checkbox"/> Statutory Leave	_____ Days
	<input type="checkbox"/> Annual Leave	_____ Days
<input type="checkbox"/> Bonus:	<input type="checkbox"/> Contractual / Discretionary* Annual / CNY* Bonus	
	<input type="checkbox"/> Other Bonus _____	
<input type="checkbox"/> Wages to be Paid in Lieu of Notice	_____ Days	
<input type="checkbox"/> Others		

Less:	
<input type="checkbox"/> Unpaid Leave taken	_____ Days
<input type="checkbox"/> Overtaken Annual Leave	_____ Days
<input type="checkbox"/> Wages to be Deducted for Recovery for Advance Payment	_____ Days
<input type="checkbox"/> Wages to be Deducted in Lieu of Notice	_____ Days
<input type="checkbox"/> Others:	

Notice Required:	<input type="checkbox"/> 7 Days	<input type="checkbox"/> 1 month	<input type="checkbox"/> Others
Notice Given On:			
Final Payment to be Effected by:	<input type="checkbox"/> Auto-Pay	<input type="checkbox"/> Cheque	<input type="checkbox"/> T/T
Salary up to and Including:			
To be Released On or Before:			

Remarks:	
Signed	Position
(Staff Manager)	Date

(To Be Completed by HR)		
Form Checked	By	Date
(Staff Manager)	By	Date

*Please delete as appropriate

Please tick / check as appropriate