

STAFF DEPARTURE NOTIFICATION

TO: INZ Queenstown Branch

FAX: 03 441 1811

FROM:

DATE:

PAGES:

Employer Details

Company Name:

Contact Person:

Phone Number:

Staff Details

Surname:

Given Name:

Date of Birth:

Nationality:

Position:

Last day of Employment:

Reason for Leaving:

Surname:

Given Name:

Date of Birth:

Nationality:

Position:

Last day of Employment:

Reason for Leaving: