



# TERMINATION OF SERVICE/LAY-OFF CERTIFICATE

To be completed by the Employer and given to Claimant

For official use only

Receiving Officer \_\_\_\_\_

1. I certify that:  Mr.  Mrs.  Ms. \_\_\_\_\_  
*Surname First Name Middle Name(s)*

N. I. Number: 

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 Employee No. \_\_\_\_\_

Has been employed with \_\_\_\_\_

Employer No. 

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 from \_\_\_\_\_ to \_\_\_\_\_  
*dd/mm/yyyy dd/mm/yyyy*

2. Last day for which he/she was paid was \_\_\_\_\_  
*dd/mm/yyyy*

3. If pay in lieu of notice was made, how many weeks were paid? \_\_\_\_\_

4. If redundancy payment was made, how many weeks were paid? \_\_\_\_\_

5. If vacation payment was made, how many weeks were paid? \_\_\_\_\_

6. Reason for termination/layoff: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. If known, what is the expected date of re-employment? \_\_\_\_\_  
*dd/mm/yyyy*

8. In order for the National Insurance Board to determine the correct rate of benefit, we need to know the total insurable wages on which contributions have been paid or are due to be paid in respect of the time spent in your employ by this employee within the last 12 months. In this regard, please complete the following "Period of Employment" section (overleaf).

