

Guide to HR practitioners for filling acceptance of agreed termination form (Sep.1)

Enabling JavaScript:

- If JavaScript is disabled, a prompt will appear in your PDF reader requesting that you enable it to access the full functionality of the form.
- To enable JavaScript, please follow the instructions provided in the prompt within the PDF reader.

Mandatory Fields:

- Date Fields: Please enter dates in the MM/DD/YYYY format. Any invalid dates will automatically reset to "MM/DD/YYYY."
- Appointment Type: Select the corresponding appointment type of the staff member as specified in the staff member's current letter of appointment.
- Paragraph 2: Select the applicable option as approved by the Head of Entity i.e. termination indemnity without additional termination indemnity payment or termination indemnity plus additional termination indemnity payment¹ and specify the number of months and/or weeks of total termination indemnity payment.
- Paragraph 3: Select the option approved by the Head of Entity².
- Paragraph 7: Ensure that the number of months and/or weeks of termination indemnity, additional termination indemnity and compensation in lieu of notice, if applicable, indicated in paragraph 7 matches the values entered in paragraphs 2 and 3 as approved by the Head of Entity.
- Please note that failure to select an option will trigger an alert.

Troubleshooting:

- Form Not Saving: Verify that all mandatory fields have been filled out.
- Invalid Date: Ensure that all dates are entered in the MM/DD/YYYY format.
- Unchecked Checkbox: Confirm that one of the checkboxes is selected in order to proceed.
- Missing Number of Months/Weeks: Ensure the number of months and/or weeks is specified for the selected option as approved by the Head of Entity.

¹ Please note that the additional termination indemnity payment may not exceed 50 percent of the termination indemnity payable under Annex III (a) to the Staff Regulations.

² Please note that compensation in lieu of notice is payable only in extraordinary circumstances where no other option is available but to pay compensation in lieu of notice, i.e. instances of abolition of post or reduction of staff resulting in non -availability of post funding to payroll the staff member for the duration of the required notice period.

**Acceptance of agreed termination**

In accepting an agreed termination, I agree to the following:

Surname and Given names (s)	
Index No.	
Signature	
Date	