



TERMINATION

**EMPLOYEE REQUEST TO TERMINATE
EMPLOYMENT**

Request

I herein request that my employment as _____ shall terminate.	
Last day of employment is _____.	
Surname, first name	Swedish national registration number
Street address	
Postcode and town	

Information

Institution or equivalent – name and address
Reason for terminating employment <input type="checkbox"/> Transfer to another position in state owned operations <input type="checkbox"/> Transfer to a position in municipally owned operations <input type="checkbox"/> Retirement with pension <input type="checkbox"/> Transfer to a position in privately owned operations <input type="checkbox"/> Another reason:

Signature, employee

Date	Signature, employee
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Received

Date	Signature, manager
	Printed name:

The original is given to the local HR at the department/equivalent (copy is given to the employee), then sent by the department to the central HR department (HRA).

If the employee has been employed one year or less, the period of notice is one month. If the employee has been employed more than one year, the period of notice is two months, unless otherwise specifically agreed between the employee and the employer.