



## EMPLOYMENT AND TRAINING CORPORATION

(Act. No. XXVIII 1990)

### Declaration of Termination of Employment

#### Explanatory notes:

- This declaration should be filled in by:
  - The employer when a contract of employment has been **terminated**.
  - The employer when an employee's employment status is **changed**, e.g. from part-time to full-time and vice-versa, or from a definite contract, to an indefinite contract or for any other reason.
  - The self-employed person on **ceasing** to be self employed.
- This declaration should be used in both full-time and part-time employment and/or self-employment.
- It is very important that this form is fully filled, especially the termination date. The latter date should include, as well, the notice money period (if any). If no notice money/period was given, kindly insert date of termination instead.**
- This declaration should be sent, within **FOUR DAYS** from the date of termination, to:

<b>Malta:</b>	<b>Gozo:</b>
Employment and Training Corporation Human Resources Information Unit BIRZEBBUGA BBG 3000	Employment and Training Corporation Mgarr Road XEWKIJA XWK 9011
- Persons who are obliged to send in this declaration and do not do so within the stipulated time, are liable to a fine as envisaged in Legal Notice 110 of 1993.
- Termination Forms can also be submitted through our website: [www.etc.gov.mt](http://www.etc.gov.mt)
- The Corporation is obliged to issue an acknowledgment once this form is processed. If the employer does not receive an acknowledgment, it is up to him/her to inform the Corporation to send an other acknowledgment.
- These notes are for information purposes only.

*"If the Employer fills in this form s/he should ensure that the data required to fill in this form is obtained in so far as possible, first hand from the employee. Wherever data about the employee is obtained from a third party, the employee should be informed and the accuracy of the data ascertained.*

*Personal data is collected and held by ETC and is used by ETC and/or transferred to third parties in order to fulfill ETC's functions according to law and in line with the provisions of the Data Protection Act. You should disclose to ETC personal data which is correct. You have a right to access your personal data as well as to request that any incorrect personal data be rectified. You should ask for assistance if you have any queries."*

**PART I – DETAILS OF EMPLOYEE**

Identity Card Number  Social Security Number

Surname:  *Date of Birth*

Name:      
Day Month Year

Address: No./Name of Residence

Street

Town/Village  Post code

Gender: Male  Female  Citizenship: Maltese  Foreign  Dual

Marital Status: Single  Married  Separated  Divorced/Annulled  Widow/er

Father's Name and Surname:

Name and Surname of wife/husband:

**PART II – EMPLOYMENT DETAILS**

Employment of the person concerned was from    to     
Day Month Year Day Month Year

**Insert date of Termination if no notice period was given**  
Notice money was paid up to     
Day Month Year

(Tick where appropriate)  
Full-time  Part-time

Occupation, Trade or Profession of employee

**Reason for termination (Tick one of the reasons listed below)**

- |  |  |   |
|--|--|---|
| Business closed down <input type="checkbox"/>                  | Dismissed on disciplinary grounds <input type="checkbox"/> | End of contract <input type="checkbox"/>    |
| Lack of work / Redundant <input type="checkbox"/>              | Health reasons <input type="checkbox"/>                    | Pensioner <input type="checkbox"/>          |
| Terminated during probationary period <input type="checkbox"/> | Resigned <input type="checkbox"/>                          | Employed elsewhere <input type="checkbox"/> |
| Abroad <input type="checkbox"/>                                | Deceased <input type="checkbox"/>                          |   |

Provide reason for your choice (if necessary): \_\_\_\_\_

**PART III – DETAILS OF EMPLOYER**

Employer Number  Email:

Name and Surname of employer

Name of firm

Address: No./Name of Residence

Street

Town/Village  Post Code

Telephone  Fax  V.A.T Number

Mobile

I declare that all information given in this form is true and correct.

Signature of Employer \_\_\_\_\_

Signature of Employee \_\_\_\_\_

Designation \_\_\_\_\_

Identity Card Number

Date     
Day Month Year