



## Declaration of Termination of Employment

Explanatory notes:

1. 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.
2. This declaration should be used in both full-time and part-time employment and/or self-employment.
3. It is very important that this form is filled properly, especially the **termination date** and **the reason of termination**.
4. This declaration should be sent, within **FOUR DAYS** from the date of termination, to:

**Jobsplus Gozo  
Employment Relations Unit  
Sir Arturo Mercieca Street  
Victoria Gozo VCT 2024**

Email: [hriuforms.jobsplus@gov.mt](mailto:hriuforms.jobsplus@gov.mt)

In case of difficulty phone **22201957**

5. Employers are obliged to send this declaration. Those who do not do so within the stipulated time, are liable to a fine as envisaged in Articles 50 to 54 of the Employment Training Services ACT XXXIX of 2018.
6. Termination Forms can also be submitted through our website: [www.jobsplus.gov.mt](http://www.jobsplus.gov.mt)
7. An acknowledgement is issued once this form is processed. If the employer or the employee does not receive an acknowledgement, it is their respective responsibility to inform the Corporation to issue another acknowledgement or to download one if submitted electronically.

*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, held and used by Jobsplus and is exchanged with third parties in order to fulfil the functions required of Jobsplus according to the provisions of the Employment and Training Services Act (Chapter 594) of the Laws of Malta. Jobsplus will use personal data according to the provisions of the Data Protection Act 2018, the General Data Protection Regulation EC/679/2016 and Jobsplus' Privacy Policy (<https://jobsplus.gov.mt/privacy-policy>). Data provided to Jobsplus should be correct and should there be any changes, these are to be communicated to Jobsplus immediately. Both employers and employees have the right to access, change and delete, where applicable, the personal data that Jobsplus holds about them as well as to request that any incorrect personal data is rectified."*





# TERMINATION OF EMPLOYMENT FORM

## SECTION A: PERSONAL DETAILS

For office use only:

Identity Card Number / Passport

Social Security (N.I.) Number

Date of Birth

Name Surname

Number / Name of Residence

Street

Locality

Postcode

Email address

Mobile Number

Telephone Number

**Gender**

Male

Female

Other

**Academic Level**

Never attended School

Primary Level

Secondary Level (No Certification)

SEC Certificate or 'O' Level Certificate

MATSEC Certificate, Advanced or Intermediate Level

Diploma Level

Graduate

Masters Certificate or Postgraduate Diploma

Doctorate Level

**Nationality**

EU

Maltese

Dual

Non-EU

In case of a Non-EU citizen, and he / she is dependent on an EU National, write down below the Nationality of the EU Citizen below and attach a copy of the "Residence Permit"

In case of a Non-EU Citizen, and he / she is married to a Maltese National, attach a document of the "Freedom of Movement by Marriage"

## SECTION B: DETAILS OF EMPLOYER

Name and Surname of Employer

Name of Commercial Entity (Partnership / Company)

Address of Commercial Entity

Locality

Postcode

Mobile Number

Telephone Number

Email address

Primary Sector in which Commercial Entity operates

Employer N° (Jobsplus)

PE Number (I.R.D.)

VAT Number

Company Number (MBR)

Self-Employed (without employees)

Self-Employed (with employees)

Cooperative

Partnership

Voluntary Organisation (NGO)

Government Entity

Holding Company

Company (Ltd)

Company forming part of a Group

Joint Venture

Corporation / Authority

Government Dept.

Company - Foreign Owned

Company - Maltese Owned

Government Majority Shareholding

Government Minority Shareholding

Household Employer

**Jobsplus Gozo: Employment Records**

Sir Arturo Mercieca Street, Victoria VCT2024

Tel: +35622201957

Email: hriuforms.jobsplus@gov.mt

## SECTION C: DETAILS OF EMPLOYMENT

Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Date of Commencement:	Date of Termination:
Full-Time (Reduced) <input type="checkbox"/>	Part-Time (Casual) <input type="checkbox"/>	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>
Definite Contract <input type="checkbox"/>	Indefinite Contract <input type="checkbox"/>	Designation: <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	

### REASONS OF TERMINATION – GUIDELINES

PRINCIPAL REASONS FOR TERMINATION OF EMPLOYMENT	Specific Reasons for Termination of Employment (Please tick <b>ONLY ONE</b> of the reasons below)	✓
<b>Redundancy</b> (Sensja)	Lack of Work (Nuqqas ta' Xogħol)	<input type="checkbox"/>
	Business Closed Down (Is-Sid għalaq / Kumpanija għalqet)	<input type="checkbox"/>
<b>Termination of Contract</b> (Tmiem tal-Kuntratt)	End of Definite Contract (Tmiem ta' Kuntratt Definit)	<input type="checkbox"/>
	End of Apprenticeship Scheme Contract (Tmiem tal-Kuntratt tal-Apprentistat)	<input type="checkbox"/>
	End of Work Phase (Tmiem ta' fażi ta' Xogħol / Xogħol għas-Sajf)	<input type="checkbox"/>
	Expiry of Appointment (Skadenza tal-Ħatra)	<input type="checkbox"/>
<b>Circumstances beyond employer's control</b> (Ċirkustanzi lil hinn mill-kontroll ta' min iħaddem)	Failing to Obtain Driving / Operating Licence (Nuqqas ta' akkwizizzjoni ta' liċenzja tas-sewqan / liċenzja biex topera)	<input type="checkbox"/>
	Failing to pass Physical Training / Aptitude Test (Nuqqas milli jgħaddi mit-Test Fiziku)	<input type="checkbox"/>
	Revocation of Employment Licence (Revokazzjoni tal-Liċenzja tal-Impjieġ)	<input type="checkbox"/>
	Cancellation/Suspension of Employment Licence (Kancellazzjoni / Sospensjoni tal-Liċenzja tax-Xogħol)	<input type="checkbox"/>
	Expiry of Employment Licence (Skadenza tal-Liċenzja tal-Impjieġ)	<input type="checkbox"/>
	Court Injunction / Interdiction / Sentence (Ingunzjoni tal-Qorti / Interdizzjoni / Piena ta' Ħabs)	<input type="checkbox"/>
<b>Dismissed</b> (Tkeċċija)	Redundancy due to COVID-19 (Sensja minħabba COVID-19)	<input type="checkbox"/>
	Disciplinary Reasons (Tkeċċija fuq raġunijiet Dixxiplinari)	<input type="checkbox"/>
<b>Resignation</b> (Riżenja)	Failure to perform duties as agreed in employment contract (Naqas li jagħmel id-doveri skont kif miftiehem fil-kuntratt tal-impjieġ)	<input type="checkbox"/>
	Formal Resignation (Riżenja Formali)	<input type="checkbox"/>
	Did not report for Work (Ma rrapportax għax-Xogħol)	<input type="checkbox"/>
	Abandoned Place of Work (Abbanduna l-Post tax-Xogħol)	<input type="checkbox"/>
	Early Retirement (Irtirar Kmieni)	<input type="checkbox"/>
	Retirement Disciplinary Corp Member - AFM/Police Force (Irtirar Korp Dixxiplinariju - AFM / Pulizija)	<input type="checkbox"/>
	Retirement Age (Pensjonant)	<input type="checkbox"/>
	Voluntary Retirement / Redundant Scheme (Irtirar Volontarju)	<input type="checkbox"/>
	Emigrated / Left Abroad (Emigra / Siefer)	<input type="checkbox"/>
	Employed Elsewhere (Instab Xogħol leħor)	<input type="checkbox"/>
	Ended Self-employment (Il-Persuna ma għadhiex taħdem għal rasha)	<input type="checkbox"/>
	Ended Part-time Employment (Il-Persuna ma għadhiex taħdem fuq bażi part time)	<input type="checkbox"/>
	For Further Studies (Il-Persuna waqfet taħdem biex tkompli tistudja)	<input type="checkbox"/>
Health Reason (Raġuni ta' Saħħa)	<input type="checkbox"/>	
<b>Termination During Probation</b> (Terminazzjoni waqt iż-Zmien ta' Prova)	Termination by the employer during the probationary period (L-Impjieġ terminat minn min iħaddem fil-perjodu ta' prova)	<input type="checkbox"/>
	Termination by the employee during the probationary period (L-Impjieġ terminat mill-impjegat fil-perjodu ta' prova)	<input type="checkbox"/>
<b>Employment not Effected</b> (L-Impjieġ ma seħħ qatt)	When the Termination Date is the same as the Engagement Date (L-Impjieġ qatt ma seħħ)	<input type="checkbox"/>
<b>Changes within the same Organisation, such changes do not constitute termination of employment but for statistical record</b> (Tibdil fl-istess Organizzazzjoni)	Transferred to another Public Service Department (Trasferiment minn Dipartiment tal-Gvern għall-ieħor)	<input type="checkbox"/>
	Transfer of Business (Trasferiment ta' negozju)	<input type="checkbox"/>
	Change in Company Name (Tibdil fl-isem tal-Entità)	<input type="checkbox"/>
	Transfer from Full-Time / Part-Time Casual to Part-Time Employment and vice-versa (Trasferiment minn xogħol Full-time / Part-Time Casual għal-Part Time u viċi versa)	<input type="checkbox"/>
	Transfer from Full-Time to Full-Time Reduced Employment and vice-versa (Trasferiment minn xogħol Full-time għal-Full-Time reduced u viċi versa)	<input type="checkbox"/>
	Transfer from Full-Time/Part-Time Indefinite Contract to a Definite Contract and vice-versa (Trasferiment minn xogħol Full-time/Part-Time Kuntratt Indefinit għal Kuntratt Definit u viċi versa)	<input type="checkbox"/>
<b>Deceased (Miet)</b>	Deceased (Il-persuna mietet)	<input type="checkbox"/>
<b>Termination by the employer</b> (Terminazzjoni min-naħa ta' min iħaddem)	Employee reaches pension age (L-impjegat laħaq l-età tal-pensjoni)	<input type="checkbox"/>
	Health reason (Raġuni ta' saħħa)	<input type="checkbox"/>

Signature of Employer	Signature of Employee
<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>

Designation	Employer Identity Card Number	Form Submitted Date
<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>