

Sender: Company

To
HFP Steuerberatungs GmbH
Fax 716-05/32
Att. Ms.

DEREGISTRATION

Please **deregister** the following employee at the Social Insurance Agency:

Name

Last day of employment

Kind of termination (please check the appropriate box)

- Termination by employee
- Termination by employer
- Termination agreed betw. employee and employer
- Termination within probation period by employer
- Termination within probation period by employee
- Other

remaining vacation: working days (5 days/week)

business days (6 days/week)

Other payments in connection with the termination of the employment:

hours of overtime

bonus

voluntary severance pay

other

Only for foreign employees:

Info already sent to Employment Agency (AMS): yes / no

Enclosures:

.....
Date

.....
Signature