

NO Dues Form

Employer Name: _____ Employee Name: _____

Designation _____ Contact No. : _____

Joining Date: _____ Resign Date: _____

This is to inform that Mr. /Ms/Mrs. The employee is being relieved from employment. You are requested to note this and confirm by duly signing below that your department does not have any dues from the above person with following departments.

S.No.	Department	Date	Due/ No Dues	Name	Signature
1	Store				
2	Team Head				
3	Account				
4	HR				
5	Management				

The above employee's full and final settlement is being finalized and paid.

The employee has no levy towards the _____ Company Name _____ as of Date _____. The _____ Employee Name _____ affirms that he has given up all _____ Company Name _____ belongings and cleared all late sums as of the referenced date.

Prepared / checked by (HRE)

Management