Simplified Full and Final Settlement Form

Employee Details

Name: _____

Employee ID/Code: _____

Department: _____

Designation: _____

Date of Joining: _____

Last Working Day: _____

Settlement Summary

Outstanding Salary (up to last working day): â,¹ _____

Leave Encashment (if any): â,¹ _____

Deductions (if any): â,¹ _____

Net Settlement Amount: â,¹ _____

Declaration

I, the undersigned, acknowledge that I have received the above-mentioned dues from the company, and that all settlements pertaining to my employment have been made and accepted in full. I have no further claims against the company as of the date below.

_____

Date: _____
Employee Signature

_____

Date: _____
HR/Authorized Signatory

Important Notes

- This settlement form must be duly filled and signed by both parties.
- Ensure all pending company property (ID card, laptop, etc.) is returned before processing.
- Please check all amounts carefully before signing, as the settlement is final.
- The company is not liable for any claim after this settlement is executed.
- Retain a copy of this form for your records.