

# Final Pay and Benefits Release Form

## Employee Information

Full Name

Employee ID

Department

Position

Last Working Day

Date of Joining

## Final Pay Details

Final Salary Amount

Leave Encashment

Other Benefits

Deductions

Remarks

## Declaration and Release

I hereby acknowledge the receipt of my final salary and benefits as detailed above. I accept these payments as full and final settlement of all dues and claims towards my employment with the company.

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Employee Signature

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Date

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HR Representative Signature

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Date