



BARRINGTONS CHILD CARE VOUCHERS

Request to Leave the Scheme

Name (Mr/Mrs/Miss/Ms): _____

Home Address: _____

Telephone: _____

Department: _____

Position: _____

Payroll/Employee Number: _____

I wish to leave the Child Care Voucher Scheme with effect from _____
(insert month and year)

Signed: Date:

FOR PAYROLL USE ONLY

Date processed: _____

Date details forwarded to Barringtons: _____