

RMO Resignation Form

Please submit completed form to RMO Support Unit

Last Name:			First Name:		
Position: (please circle)	HO / SHO / Reg / Fellow		Employee Number:		
Specialty: (please circle)	Anaesthesia Dental Emergency Medicine	Medicine Ophthalmology Oncology	O&G Paediatrics Pathology	Psychiatry Radiology Surgery	
District Health Board (please circle)	Waitemata DHB	Auckland DHB	Counties Manukau DHB		
Pager	Mobile		E mail		
Forwarding address:					
Last day of work	____ / ____ / ____		Today's date	____ / ____ / ____	

Leave (Please tick appropriate box)		
<input type="checkbox"/> Please pay out all the leave I have owing <i>(Note: If you are taking up an SMO appointment within the same DHB your leave will be transferred not paid out)</i>	<input type="checkbox"/> Please transfer the leave I have owing up to one year's entitlement to my new DHB	<input type="checkbox"/> I am remaining with my current DHB

Reason for Exit (Please tick appropriate box)	
<input type="checkbox"/> To accept an SMO position in the Auckland region. <input type="checkbox"/> To accept an SMO position elsewhere in New Zealand. New Employer: <input type="checkbox"/> To accept an SMO position overseas. Country: <i>Tick one of the following:</i> <input type="checkbox"/> I intend to return to NZ <input type="checkbox"/> <input type="checkbox"/> I do not intend to return to NZ <input type="checkbox"/> <input type="checkbox"/> Completed training with no SMO position to go to. <input type="checkbox"/> To pursue a career outside of medicine. New career: <input type="checkbox"/> Tertiary Study – NZ <input type="checkbox"/> Tertiary Study – Overseas Country: <input type="checkbox"/> To Locum	<input type="checkbox"/> To accept an RMO position in the Auckland region with a non DHB employer (e.g. GP training scheme). <input type="checkbox"/> To accept an RMO position elsewhere in New Zealand because of a College rotation process. New Employer: <input type="checkbox"/> To accept an RMO position elsewhere in New Zealand independent of a College rotation process. New Employer: <input type="checkbox"/> To accept an RMO position overseas with the intention of returning to New Zealand to practice medicine. Country: <input type="checkbox"/> To accept an RMO position overseas with no intention of returning to New Zealand to practice medicine. Country: <input type="checkbox"/> To Travel <input type="checkbox"/> Other (please specify)

Please remember to return all DHB property and equipment

RMO Signature:..... **Date:**.....

For RMO Support/Payroll Use Only	
RMO's Position Code:	