

Ms Lisa Fitzpatrick
Secretary
Australian Nursing Federation (Victorian Branch)
540 Elizabeth Street
MELBOURNE VIC 3000

Dear Lisa

Agent Authority: Resignation of Employment

I write to authorise you to act as my agent in respect of my resignation from my employment with my current employer. The authority is for the period of 13 February 2012 to 31 March 2012. My current employment details are:

Health Service: _____

Campus: _____

Ward/Area: _____

Practitioner Type: _____

Speciality Qualification (if applic): _____

ANF member No: _____

Ph: _____

I HEREBY AUTHORISE the Secretary of the Australian Nursing Federation (Victorian Branch) to give 4 weeks notice of my resignation to my employer on my behalf at a time and date of the Secretary's choosing not sooner than 13 February 2012 and not later than 31 March 2012 and to formally request on my behalf that all my accrued entitlements be paid to me immediately on termination.

This authority arises in circumstances where I am concerned to protect and secure my interests having regard to:

- (a) the Government's proposed erosion of, and absence of any improvement in, nurse/midwife:patient ratios;
- (b) the deterioration in staffing and working conditions in public sector nursing/midwifery employment arising from the Government's policies;

- (c) the likely impact on patient care and the prejudice to my professional obligations of Government proposals;
- (d) the inevitable exodus of nurses from public sector employment and the limited alternative nursing opportunities outside that employment; and
- (e) the effective freezing of real wages under the Government's wages policy.

I understand that I can withdraw this Resignation Authority in writing at any time.

I also understand there is no legal obligation on my employer to permit me to withdraw my resignation once submitted by you.

I confirm that this letter of Authority will accompany the letter of resignation and the request for payment of accrued entitlements you submit on my behalf and that you will confirm with me 3 business days prior to it being submitted to my employer.

Signed: _____

Date: / /

Full Name: _____

Address: _____
