

EVALUATION FORM - VOLUNTARY REDUNDANCY

PERSONAL	
Name:	
Section:	Department:
Employee No:	Job Title:
Service at 31/3/09	Age at 31/3/09:
Hours of work:	Spinal point:
Current grade:	Substantive grade:

ELIGIBILITY	
Review of centre:	
Ongoing structural review:	
Reduction in income:	
Business Support:	

FINANCIAL INFORMATION:	
Superannuation benefit + retirement allowance:	
Statutory redundancy + compensation payment:	
Actuarial cost to Council:	
Total cost of redundancy:	
BCC salary:	
Payback period:	

Is the post redundant – i.e. will the department certify that the post is redundant and therefore will be deleted from the structure?

Why is the post redundant - i.e. has the work ceased, if so why?

Is the post a one to one transferred redundancy? If so give details, i.e. link the person to be made redundant with the post to be deleted.

Could this person be redeployed? If not why not?

Will the VR avoid the need for compulsory redundancy? If so, please detail how.

Has this employee a level of skills/professional/technical competence which if lost to the council now would have a long-term detrimental impact on service delivery?

How soon after the statutory redundancy notice period (1 week per year of service up to a maximum of 12 weeks) can the department release this individual?

Will arrangements be needed to cover any residual work on an on-going basis either while the re-structuring is taking place or longer-term? Will they involve expenditure which affects the payback period? (identify what the arrangements are and the cost in a full year)

Director's statement

I confirm that, based on the above information, the department can declare this post redundant and it will be deleted from the structure in accordance with the corporate arrangements for this VR exercise. On this basis I support the application for redundancy going forward to the corporate panel for consideration.

Signed _____ Director of _____

Date

Decision of Corporate Panel

A. Application rejected

B. Application approved.

Statutory redundancy notice to take effect from _____

Members of Panel	Signature
Director of Finance and Resources	
Head of Human Resources	
Departmental Representative	
Date	