

**Application for Voluntary Severance**

***Staff are advised to read the Voluntary Severance Scheme document in full and discuss with their manager before completing this form.***

**SECTION A: FOR COMPLETION BY THE EMPLOYEE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employee Name |  | Employee No. |  | Grade |  |
| Email Address |  | Contact No. |  |
| Job Title |  | Line Manager |  |
| Department |  | Department Section |  |

|  |
| --- |
| Please include here a brief statement in support of this application (you are advised to consult your manager before completing this section). This section is self-expanding to capture all the information you wish to submit.  |
|  |
| By signing this application, I confirm I wish to apply for Voluntary Severance and I have read and understood the terms of the Voluntary Severance Scheme, should my application be approved.  |

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Signature |  | Date |  |

**Please pass your completed application to your Line Manager allowing sufficient time for your application to reach HR by the deadline of 5pm on Thursday 13 May 2021.**

Cont.,

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| **SECTION B: FOR COMPLETION BY THE LINE MANAGER IN CONSULTATION WITH THE HEAD OF DEPARTMENT** |
| Explain how approval of this application might impact on the delivery of strategic activities: |
| Explain how the approval of this application might impact on the delivery of operational activities: |
| What are the plans for the work currently undertaken by the applicant if the application is approved? |
| Will the position held by the applicant be deleted? [ ]  Yes [ ]  No |
| If the application is approved, will you be seeking a replacement at a lower grade and/or reduced hours? [ ]  Yes [ ]  NoIf yes, confirm grade and FTE of replacement and date replacement required.  |
| Will the reallocation of the work of the applicant result in other staff increasing their hours? [ ]  Yes [ ]  No If yes, provide details.  |
| Will the reallocation of the work of the applicant result in other staff being regraded? [ ]  Yes [ ]  No If yes, provide details.  |
| Head of Department recommendation, including reasons for decision and estimated recurrent cost saving. |
| SignaturesLine Manager :Head of Department: |  | DatesLMHofD |  |

***Please forward the completed application form to Human Resources, as an email attachment to*** ***hr@rvc.ac.uk***

***by the deadline of 5pm on Thursday 13 May 2021.***