

**REDUNDANCY NOTIFICATION PRO FORMA**

This form should be completed in any cases where redundancies are being contemplated and forwarded to the relevant HR Manager for submission to the Joint Consultative Forum on Redundancy. Where it is anticipated that any potential redundancies relate to staff on fixed-term contracts only, this information may be provided as part of the regular monitoring process.

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| 1. **DEPARTMENTAL DETAILS**
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| Department: |  |
| Section: |  |
| Form completed by: |  |
| Position in Department: |  |
| Proposed implementation date: |  |
| **2. RATIONALE FOR CONSIDERING REDUNDANCIES** |
| Outline the business case and the reasons for considering potential redundancies (e.g. change in service provision): |
| Consideration of alternatives to redundancy: |
| Proposed redundancies[[1]](#footnote-1): |
| Job Title: | Grade: | Staff reduction required | Total Number of Staff |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **3. POOL FOR REDUNDANCY** |
| Explain how the pool for redundancy has been determined: |
| Does the pool include staff in other departments[[2]](#footnote-2): Yes/No |
| **4. SELECTION FOR REDUNDANCY** |
| Explain the criteria for selecting individuals for redundancy and how the selection will be made: |
| **5. REDEPLOYMENT** |
| Provide details of any redeployment opportunities identified: |
| **6. OTHER RELEVANT FACTORS FOR CONSIDERATION** |
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| **Signed: Date:** |

1. In cases involving 10% or 10 or more FTE staff within a department within a 30 day period approval of Council will be required [↑](#footnote-ref-1)
2. If the work extends across departments the case should be referred for consideration by a senior manager [↑](#footnote-ref-2)