

|  |  |  |
| --- | --- | --- |
|  | **EXPRESSION OF INTEREST IN VOLUNTARY REDUNDANCY** |  |

**Please note there are imminent changes which will affect exit payments and LPGS Regulations which we are currently awaiting clarification from Government on.  These are likely to impact on the estimated pension benefits and redundancy payment.  All figures will require confirmation at the point of leaving based on the information available at that time.**

**It is essential that you discuss your potential interest in voluntary redundancy and associated timescale with your Team/Group Manager prior to completing this form.**

|  |  |
| --- | --- |
| Name  |  |
| Date of Birth |  |
| Personnel (Payroll) Number |  |
| National Insurance Number |  |
| Job Title |   |
| Has the above post been provisionally identified as at risk of redundancy? YES / NO |
| Service Area |  |
| Department |  |

If you have multiple employments and are also expressing an interest in voluntary redundancy from any of these other posts, in addition to the one above, please list them below.

|  |  |
| --- | --- |
| Personnel (Payroll) Number |  |
| Job Title |   |
| Has the above post been provisionally identified as at risk of redundancy? YES / NO |
| Service Area |  |
| Department |  |

|  |  |
| --- | --- |
| Personnel (Payroll) Number |  |
| Job Title |   |
| Has the above post been provisionally identified as at risk of redundancy? YES / NO |
| Service Area |  |
| Department |  |

**Before an estimate can be processed, you will need to tick the end boxes to confirm the following:**

|  |  |
| --- | --- |
| I accept that in completing this form, I am expressing an interest in voluntary redundancy but that the County Council may not be able to agree to my request. I understand that I should not enter into any financial commitments as a result of expressing an interest in voluntary redundancy. | **Please****tick** |

|  |  |
| --- | --- |
|  I confirm that I have discussed my interest in voluntary redundancy and associated timescale with my Team/Group Manager on the following date and that they have confirmed that the posts identified above have been provisionally identified as at risk of redundancy. |   Dd/mm/yy |

**Please complete the following:**

|  |  |
| --- | --- |
| Team/ Group Manager Name:  |  |
| Job title |   |
| Service Area |  |
| Department |  |

**Please note: A Team Manager reports directly to a Group Manager. They may have a different job title and may not necessarily be your direct line manager.**

|  |  |
| --- | --- |
|  Are you a member of the Local Government Pension Scheme? |  YES/ NO |

|  |  |
| --- | --- |
|  Are you a member of the Teachers’ Pension Scheme? |  YES/ NO |

|  |  |
| --- | --- |
|  Please state the approximate date you would like to leave |  DD/MM/YYYY |

|  |  |
| --- | --- |
|  Have you received an estimate during the last 12 months? |  YES/ NO |

|  |  |
| --- | --- |
| Please state your preferred email address that your estimate will be sent to via secure password |   |

|  |  |
| --- | --- |
|  If you do not have an email address, please detail your preferred postal address including post code |   |

**Signed……………………………………….**

**Date…………………………………………..**

**Please return this form via email to** **vr.expressions@nottscc.gov.uk**

**If you do not have access to email please return by post to:**

**HR Service**

**Nottinghamshire County Council**

**C/o County Hall**

**West Bridgford**

**Nottingham**

**NG2 7QP**

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