** CONFIDENTIAL**

**VOLUNTARY SEVERANCE SCHEME APPLICATION FORM APPENDIX D**

**SECTION A**

To be completed electronically in Word by the staff member considering voluntary severance. Please note completion of Section A does not constitute a formal request to leave simply a request for an estimate.

|  |  |  |
| --- | --- | --- |
| **Employee ID (log in to** [**myHR**](https://ce0422li.webitrent.com/ce0422li_ess/wrd_rest/run/ACS?SSO) **for your six digit number)** |  | |
| **Full Name** |  | |
| **Date of Birth** |  | |
| **Job Title** |  | |
| **Faculty / Service** |  | |
| **Please indicate Pension Scheme Membership** | **Local Government Pension Scheme** | Yes / No |
| **Teachers’ Pension Scheme** | Yes / No |
| **Other, please specify** | Yes / No |
| **Start date with BU** |  | |
| **Do you receive any allowances?** | Yes / No | |
| **Please provide details and dates of any continuous or discontinuous service you wish to be considered in the box below *(please note that you will be required to provide documentary evidence of this service prior to finalisation of any voluntary severance request)*** | | |
|  | | |
| **For staff aged 55+ and a member of the LGPS - amount of annual leave currently outstanding as at 30.11.20?** |  | |
| **You will be required to take all outstanding leave prior to employment ending** | | |

**Do not complete any further sections at this stage.**

**Please now email this entire form as a word version (not PDF) to** [**VSS@bournemouth.ac.uk**](mailto:VSS@bournemouth.ac.uk)

**SECTION B**

On receipt of Section A, the following is completed by Human Resources and then returned to the individual member of staff. Please note completion of Section B does not constitute a formal offer of Voluntary Severance.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Annual salary (£)** | **Weekly pay (£)** | **Age (Years as at date of severance)** | **Total qualifying continuous service (Years)** | **Estimated Voluntary Severance amount (£)** | **Pension capitalisation costs if applicable (£)** | **Total cost of proposal (£)** |
|  |  |  |  |  |  |  |

**What are the next steps?**

1. If you wish to make a formal request for Voluntary Severance pleasediscuss your request to leave the University under the terms of the Voluntary Severance Scheme with your line manager.
2. Following 1 above, should you wish to continue with your request please email this entire form (including the completed Sections A and B above) as a word version (not PDF) to your Line Manager and Dean/Director/Head of Professional Service

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SECTION C**

To be completed by the Line Manager and Dean or Director/Head of Professional Service in conjunction with the Business Accountant and HR&OD Partnerships Manager.

|  |  |
| --- | --- |
| **How does the case meet / not meet with criteria of the Scheme?** | |
| Details of the overall financial implications, including annual saving and the likely pay-back period  If the pay-back period is greater than 2 years, please outline additional rationale for the case | **Notice Period (HR to complete):** |
| **Costings:**  Capital or Revenue? \_\_\_\_\_\_\_\_\_   |  |  | | --- | --- | |  | £ | | a) Salary plus on-costs |  | | b) Cost of proposal  VS Payment |  | | Cap Costs |  | | c) Pay Back Period |  | | d) Income +/- £ |  | | e) Year 1 savings £ |  | | f) Year 2 savings £ |  | | g) Any other costs |  |   Business Accountant Initials: \_\_\_\_\_\_\_ |
| How will the case impact the strategic development of the Faculty /Professional Service in accordance with BU2025 and the work force plan |  |
| How will the permanent loss of the post impact the Establishment, workforce plan and Student Staff Ratio |  |
| Will removal of the post impact beyond the immediate Faculty /Professional Service? If yes, what discussions if any have taken place to mitigate this impact? |  |
| Could the work be absorbed elsewhere, taking into account potential wider implications including current/planned structural changes? |  |
| Does the work have to be done? |  |
| Any other plans with regard to loss of post? |  |
| Does the individual have specific skills/experience that cannot easily be replaced? |  |
| Are there any particular circumstances that need to be considered as part of the Settlement Agreement? |  |
| Any additional information in support of the case |  |

|  |  |
| --- | --- |
| In principle, I **support / do not support\*** (\**please delete as appropriate*) this request for voluntary severance and understand that if approved it will result in the **permanent removal** of the post from the establishment and budget. I also understand that if approved, **all accrued annual leave must be used and taken prior to date of termination.** | |
| Signed:  Dean / Director of Professional Service | Date: |
| Staff Member has been advised by their Line Manager whether their request for voluntary severance is supported or not | Yes / No |

**Please email this entire form (including completed Sections A-C) as a word version (not PDF)** **to** [**VSS@bournemouth.ac.uk**](mailto:VSS@bournemouth.ac.uk) **for the case to be considered by the Severance Committee**

**Committee. SECTION D**

To be completed by the Chair of the Severance Committee.

|  |  |  |
| --- | --- | --- |
| **Case for voluntary severance accepted or rejected, please circle** | Accepted | Rejected |
| **Severance Committee comments, including the rationale for the decision, whether the proposal falls within the criteria of the voluntary severance scheme and the agreed date of termination.** | | |
| **Reason(s) for rejection:**  A: Exceeds 2 year payback period  B: Business critical post  C: Cannot mitigate loss of the post / Impact to the Establishment, workforce plan, BU2025, Research Performance, Student Experience and Staff Student Ratio  D: Work has to be done and cannot be absorbed  E: Specialist skill set / experience not readily replaced  F: Not affordable within budgeted severance provision available  G: Other (please see comments above) | | Please circle  A  B  C  D  E  F  G |
| Name of Chair of the Severance Committee: | | Date decision made: |

*If voluntary severance is agreed, Human Resources will issue a formal letter including a Settlement Agreement to the individual members of staff within 5 working days of the Committee’s decision.*

*The employee will then have a minimum of 10 calendar days in which to seek legal advice and accept or reject the offer.*