



The
University
Of
Sheffield.

Department
of
Human
Resources.

Enhanced Redundancy Application Form

Please refer to the University's Redeployment and Redundancy Policy before completing this form. These can be found on the HR web pages.

Please use BLOCK CAPITALS and black ink as the form may be photocopied.

SECTION 1: Personal Details

Family Name/Surname:

Title:

Other Names:

Job Title:

Staff Category & Grade:

Department:

Tel No:

Email:

Person Number:

Contract Expiry Date:

SECTION 2: Confirmation you do not wish the University to seek redeployment on your behalf

Please refer to the University's Redeployment and Redundancy Policy before completing this section.

All staff on fixed term contract who have not received written confirmation from the Department of Human Resources that their contract is to be extended should consider redeployment even where they have been made aware that extension / renewal of their contract is possible. They should note that the University cannot be held responsible for decision making on the basis of verbal discussions which do not result in an extension / renewals where they have not received such written confirmation from the Department of Human Resources.

I wish to apply for an enhanced statutory redundancy payment and confirm that I am aware and accept that this means I will not be considered for redeployment.

I am aware that my statutory right of appeal against redundancy is available through the University's redeployment and redundancy policies.

Signature: Date:

Please give reason why you do not wish to be considered for redeployment:

**STAFF WISHING TO BE CONSIDERED FOR REDEPLOYMENT, SHOULD COMPLETE FORM R1:
REDEPLOYMENT SKILLS ANALYSIS FORM**

FOR COMPLETION BY THE HEAD OF DEPARTMENT / LINE MANAGER

SECTION 3

I confirm I have met with the above member of staff and discussed any arising and potentially suitable work / opportunities within this department. The above member of staff has confirmed to me that s/he does not wish to be considered for redeployment either to an available post in this department or to another post in the University.

I have advised the above member of staff that their statutory right of appeal against redundancy is available through the University's redeployment and redundancy policies.

Head of Department / Line Manager:

Signature: Date:

Any additional relevant information:

Please return this form to the Department of Human Resources – Business Support.

To ensure that the University of Sheffield meets its obligations under the Data Protection Act 1998, departments should ensure that a copy of this form is retained and stored as confidential information for a maximum of 6 months from the date of receipt, after which it should be disposed of confidentially, e.g. shredded.