Redundancy and Early Release - Templates

|  |  |  |
| --- | --- | --- |
| Version Control | Changes Made | Author |
| Version 1 – April 2023 |  | HR/OD |

This should be read in conjunction with the Redundancy and Early Release Procedure and the Managing Change Procedure and relevant process maps.

[Index](http://www.intouch.ccc/elibrary/Content/Intranet/536/671/5053/6001/41410105256.doc) (links)

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[Frequently](http://www.intouch.ccc/elibrary/Content/Intranet/536/671/5053/6001/41410105256.doc) Asked Questions

The following is intended to be a guide for general information only. You may also wish to refer to the following documents:

* Redundancy and Early Release Policy
* Management of Change Policy
* Managing Structural or Organisational Change Procedure

Detailed advice should always be sought from HR/OD in relation to specific queries or concerns.

[Early](http://www.intouch.ccc/elibrary/Content/Intranet/536/671/5053/6001/41410105256.doc) Retirement in the Efficiency of the Service/Rule of 85

Application Form

**Please complete review box when each part is completed**

|  |  |  |  |
| --- | --- | --- | --- |
| **Part**  | **Completed by** | **Name** | **Date completed** |
| 1 | Individual |  |  |
| 2 | HR/OD |  |  |
| 3  | Senior Manager |  |  |
| 4 | Director |  |  |
| 5 | Assistant Director – HR/OD |  |  |
| 6 | HR Admin |  |  |

**Section 1 – To be completed by individual**

|  |  |
| --- | --- |
| Employee’s full name |  |
| Employee’s Address |  |
| Employee Number |  |
| Date of Birth |  | Age |  |
| National Insurance Number |  |
| Post title |  |
| Contracted/ Guaranteed Hours per Week |  |
| Annual Salary |  |
| Multiple post holders:-Please complete and tick which posts you are applying for ERS from | **Post** | **Location** | **Hours per week** | **Applying for ERS?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Member of Pension SchemePlease tick as appropriate | Local Government Pension Scheme |  |
| Teachers Pension Scheme |  |
| Civil Service |  |
| Fire fighters Pension Scheme |  |
| New Fire fighters Pension Scheme (post April 2006) |  |
| Other Scheme \* please supply details |  |
| Non-Member |  |
| Other Terms and conditions – Please tick if you are in receipt. | Leased car |  | Occupational Maternity Pay |  |
| Local car user |  |
| Child care vouchers |  | Purchased additional annual leave |  |
| Cycle to work |  |
| Directorate / location |  |
| Line Manager  |  |
| Date of appointment to Council |  |
| Notional date of leaving |  |
| Supporting information | Your application will be assessed against a number of criteria. In support of your application we would invite you to comment on how the service will be more efficient if you retire, and in particular please answer the following questions: |
| Do you meet the rule of 85? Y / N / Don’t know(Please ignore part years) | Age in years |  |
| Service in years |  |
| Total |  |
| Do you hold a statutory post within the Council or a post within a statutory service?  | Y / N / Don’t know |
| Is your post involved in delivering frontline services? | Y / N / Don’t know |
| Do you possess key skills and/or knowledge that are in short supply within the Council? | Y / N |
| Any other comments: |
| Employee’s signature | I confirm I wish to be considered for ERS /Rule of 85. I understand that neither the Council nor I are placed under any obligation by this application.I understand that if my application is successful and I leave the County Council’s employment under ERS/ Rule of 85, I cannot be re-engaged for 12 months and after that time any application for re-engagement will require to be considered by the Assistant Director HR/OD. In addition I understand that if I were to be offered another appointment my pension may be affected. If you consider this in the future you are advised to contact YPS to assess the implications.Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated \_\_\_\_\_\_\_\_\_\_\_\_Final decisions will be made in consultation with the Director of each department. If your application is accepted, you will be required to sign an ERS Offer letter before the decision is binding on both parties. |

**Please now submit this form the to the HR Advisory Team using the Service Now ticket portal**

[PPL Home - People Management Portal (service-now.com)](https://servicecumbria.service-now.com/peoplemanagementportal)

**Section 2 - To be completed by HR/OD**

|  |  |
| --- | --- |
| Date Form received from individual |  |
| Date Pension figures Applied for |  |
| Date Pension figure received |  |
| Does the employee meet the Rule of 85? |  |
| Date pension figure sent to individual |  |
| Capital Pension Figure | **Not applicable if the individual meets the rule of 85 and is over 60 years of age.** |

**Please now submit this form to the individual’s senior manager**

**Section 3 - To be completed by Senior Manager**

|  |  |  |
| --- | --- | --- |
| Consultation Meeting | Date and time |  |
| Venue |  |
| Names of those present |  |
| If individual did not attend – please supply reason |  |
| Details covered in the meeting | Content of employee’s Application - their view of their post against the ERS criteria versus their manager’s view; |  |
| Feasibility of releasing the employee from their post; |  |
| Any questions the employee may have; |  |
| Any feedback the employee may wish to give. |  |
| Comments |  |
| Additional considerations | Is this a statutory post? or a post involved in a statutory service? | Y/N |
| Is the Applicant’s post involved in providing front line services? | Y/N |
| How would you cover the work of the Applicant if their Application for ERS was Approved? |  |
| Reasons for efficiency ( See scheme for items to be considered) |  |
| What is the value of the saving? |  |
| Senior Manager’s Recommendation | Comments/ Reason for recommendation:\*Please delete as necessary |
| Senior Manager details | Signature | Post |
| Date |  |

Please now submit this form to your Director

**Section 4 - To be completed by Director**

|  |  |
| --- | --- |
| Date of panel to consider ERS Application |  |
| Panel Members | Name | Post title |
| Application Approved? | Approved Y / NReason for Approval / declinePlease specify Approval Criteria  |
| Corporate Director  | Signature | Post title |
| Date |  |

Please submit this form to HR Advisory using the Service Now Ticket Portal [PPL Home - People Management Portal (service-now.com)](https://servicecumbria.service-now.com/peoplemanagementportal)

**Section 5 - To be completed by Assistant Director – HR/OD**

|  |  |
| --- | --- |
| Date of panel to consider ERS Application |  |
| Panel Members | Name  | Post title |
| Application Approved? | Approved Y / NReason for Approval / decline |
| Assistant Director – HR/OD | Name | Signature |
| Date |  |

Please submit this form to HR Admin using the Service Now Ticket Portal [PPL Home - People Management Portal (service-now.com)](https://servicecumbria.service-now.com/peoplemanagementportal)

**Section 6 - Individual notified by HR/OD / Line Manager**

|  |
| --- |
| **If approved** |
| Date Individual written to  |  |
| Leaving date |  |
| State position number of post to be deleted (for Establishment Control) |  |
| ICT removal notified? |  |
| Have all benefits as outlined at Section 1 been stopped? |  |
| HR notification forms completed and submitted to HR Service Centre. |  |
| Notify YourPension by e-mail so that the employees pension record can be prepared.[Home - Your Pension Service](https://www.yourpensionservice.org.uk/) |  |
| **If not approved.** |
| Date individual written to. |  |

[ER](http://www.intouch.ccc/elibrary/Content/Intranet/536/671/5053/6001/41410105256.doc) Outcome letter-approved

Date

Name

Address

Dear Name

**Early Retirement in the Interest of the Efficiency of the Service** **– Outcome of Application**

I am writing to inform you of the outcome of your application to take Early Retirement in the Interest of Efficiency of the Service (ERS) from your employment with Cumberland Council.

Following a detailed assessment, I am pleased to confirm that your application has been approved.

If you wish to accept ERS on the terms set out in the Management of Change Procedural Guidelines, please sign and return one copy of this letter by date. Should you fail to accept the offer of ERS by this date, the Council reserves the right to withdraw the offer.

If you accept the offer of ERS, your line manager will work with you to determine the date on which your employment will end. The exact date will depend on the needs of your Directorate and the following will also need to be discussed:

* Annual leave – any outstanding annual leave entitlement will need to be used prior to the end of your employment or paid for in your final salary;
* Flexi-time and TOIL – your manager will need to check any balance that you have and make arrangements for this to be used prior to the end of your employment or paid for in your final salary.

Once your leaving date has been agreed you will be issued with a letter confirming the exact date.

You have already received an estimate of the LGPS pension benefits you could expect to receive if you accept ERS. These estimates were based on a notional leaving date of date. Once your leaving date has been agreed pension benefits will be re-calculated to take account of your actual leaving date.

If you wish to withdraw your application for ERS please notify the HR/OD team of this fact in writing.

Please note, if you take ERS and leave the Authority’s employment then you will not be considered for re-employment for any post where the Council is the legal employer for a period of 12 months from the date of termination of employment. After that any application must be approved by the Assistant Director – HR/OD. If you consider applying for a post and you are in receipt of your pension, please contact Local Pension Partnership Administration (LPPA) and register / access your pension information via the on line portal. Link: <https://www.lppapensions.co.uk/members/>

On behalf of the Council I would like to thank you for the contribution you have made during your period of employment and I wish you every success in the future.

Yours sincerely

Name

Director of HR/OD or Assistant Director HR/OD

# I can confirm that I wish to accept Early Retirement in the Interest of Efficiency of the Service from Cumbria County Council. By signing this letter I understand I am entering into a binding agreement to terminate my employment.

# Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ER](http://www.intouch.ccc/elibrary/Content/Intranet/536/671/5053/6001/41410105256.doc) Outcome letter-not approved

[(go to index)](#Index)

Date

Name

Address

Dear Name

**Early Retirement in the Interest of Efficiency of the Service – Outcome of Application**

I am writing to inform you of the outcome of your application to take Early Retirement in the Interest of Efficiency of the Service from your employment with Cumberland Council.

Following a detailed assessment, I regret to inform you that your application has not been approved.

To obtain approval, your application has to meet the criteria for theEarly Retirement in the Interest of Efficiency of the Service.

Reasons for efficiency include the following examples;

* + 1. effectiveness- where the employee’s ability to perform in the job means it is not feasible for the employee to undertake the skills or competencies to continue to do the job.
		2. economy– where the Council could operate in a more economic manner as a result of the early release.
		3. where it would create internal job opportunities, or unblock promotion channels, which the Council could fill through succession planning and internal appointment.
		4. where it is considered to be in the interests of the Council to better deliver the corporate priorities and the priorities of the individual employee’s job.
		5. health and compassion – where an employee’s personal circumstances suggest that early release might be appropriate

In your case, the criteria that were not met were XXXXXXX

There is no right to appeal against this decision

Yours sincerely

Director of HR/OD or Assistant Director HR/OD

**Redundancy selection criteria**

|  |
| --- |
| **Redundancy selection criteria** |
| Employee name |  | Post title |  | Department |  |
| **Positive Scoring Factors** |
| **Criteria** | **Evidence used** | **Score** | **Weighting** | **Total** | **Record of reason of scoring decision** |
| **Qualifications** |  |  | X 4 |  |  |
|  |
| **Additional Skills & Experience** |  |  | X4 |  |  |
|  |
| **Total of Positive Scoring Factors** |  |  |
|  |
| **Negative Scoring Factors** |
| **Criteria** | **Evidence used** | **Score** | **Weighting** | **Total** | **Record of reason of scoring decision** |
| **Sickness Absence** |  |  | X2 |  |  |
|  |
| **Capability** |   |  | X3 |  |  |
|  |
| **Disciplinary record** |  |  | X3 |  |  |
|  |
| **Total of Negative Scoring Factors** |  |  |
| **Total of scores (Positive MINUS Negative score)** |  |  |

**Provisional outcome of selection – potential selection for Redundancy - Yes or No (circle one)**

**Provide comments to justify provisional decision reached**

**To be signed below by all participating Senior Managers conducting selection criteria scoring process**

**Signed ………………………………………… Post title ………………………………………**

**Date…………………………………………….**

**Signed ………………………………………… Post title ………………………………………**

**Date…………………………………………….**

**Signed ………………………………………… Post title ………………………………………**

**Date…………………………………………….**

**Consultation with employee based on provisional outcome of selection**

**Date:**

**Comments:**

**Final outcome of Selection process – selection for redundancy Yes or No (circle one)**

**Date:**

**Comments**

**Guidance & Definitions for the completion of the redundancy selection criteria**

**Record of reason for scoring decision**

**This section must be completed against all criteria to capture reasons for scoring outcome to support the scoring process.**

**In particular,** where criteria require judgements to be exercised, in the absence of metrics it is important that this can be validated as far as possible, e.g. through the application of criteria, making records of the reasons for decisions. These steps will help encourage a consistent and objective approach to these parts of the procedure.

**Positive Scoring Criteria**

**Qualifications**

**Definition:** Criteria will be based on essential and desirable qualifications, or equivalent qualifications, or demonstrable equivalent experience as listed in the person specification and business case for future business needs. Less weight will be given to desirable, rather than essential qualifications.

If no qualifications are specified maximum points should be given. Those employees who have the qualifications as identified within the person specification or demonstrable equivalent experience will score the highest in this section.

**Evidence: The evidence used should be based on the employee’s personal file or based on original copies as evidence of qualifications provided by the employee.**

**Scoring: 100 = possessing all (100%) of the qualifications, or equivalent, or demonstrable equivalent experience identified in the job description and business case for future business needs.**

 **75 = possessing most (at least 50% but not 100%) of the qualifications, or equivalent, or demonstrable equivalent experience as identified in the job description and business case for future business needs**

 **50 = possessing some (up to 50%) of the of the qualifications, or equivalent, or demonstrable equivalent experience as identified in the job description and business case for future business needs**

 **0 = possessing no qualifications or equivalent, or demonstrable equivalent experience as identified in the job description and business case for future business needs**

**Additional Skills & Experience**

**Definition: The definition should be based on the person specification for the job role and business case for future service needs.**

**Evidence: The evidence used should be** based on the employee’s personal file, discussion with individual employees, records of learning and development on iTrent.

**Scoring: 100 = possessing all (100%) of the additional skills and experience as identified in the job description and business case for future business needs.**

 **75 = possessing most (at least 50% but not 100%) of the additional skills and experience as identified in the job description and business case for future business needs.**

 **50 = possessing some (up to 50%) of the additional skills and experience as identified in the job description and business case for future business needs.**

 **0 = possessing none of the additional skills and experience as identified in the job description and business case for future business needs.**

**Negative Scoring Criteria – It should be noted that negative scoring criteria should be deducted from the positive criteria score.**

**Sickness Absence**

**Definition: Sickness absence relates to all absences which have been recorded as a result of sickness over the last two years for calculation purposes. Absences relating to maternity or disability must be excluded to avoid discrimination. Senior Managers scoring the redundancy selection criteria template should consult with directorate HR teams with regard to the definition of a disability.**

**Evidence: The evidence used should be based on** absence records available via iTrent, or information from the employee’s personal file records and management records

**Scoring: The score for absence due to ill health will be calculated as follows:**

 Year 1

 Number of occurrences x total number of working days lost = X

 Year 2

 Number of occurrences x total number of working days lost = Y

 X+Y = Score

 **2**

**Capability**

**Definition:** Criteria will be based on formal procedures that have commenced and been discussed fully with the employee

**Evidence: The evidence used should be based on documented management records such as One to One records, supervision files and other recording systems**

**Scoring: No formal procedures = 0
 Formal Action plan commenced and documented under the Capability procedure = 50**

**Disciplinary record**

**Definition:** Criteria will be based on formal live warnings.

**Evidence: The evidence used should be based on documented records from managers, HR teams, employee procedures, iTrent and personal files**

**Scoring: If there is no live disciplinary record = 0
Written warning = 50**

**Final written warning, short of dismissal = 100**

**Employee Record of** **Evidence**

To be completed by employees identified as being in a pool of employees potentially “at risk” of redundancy.

In order to ensure that the selection process is fair and objective you are requested to provide relevant information below, prior to the selection criteria scoring process, which is undertaken by Senior Management.

Senior and Line Managers will have access to information already held on the Council’s HR system and within personal files, however this is your opportunity to ensure that the most up to date and relevant information is provided. If you do not provide any information the Council will make decisions based on the verified information it currently holds. It is therefore your responsibility to ensure that the data held is up to date via completion of this form.

Documentary evidence will be required to verify the detail provided i.e. original copies, or proof of qualifications.

|  |  |
| --- | --- |
| **Name (please print)** |  |
| **Post title** |  |
| **Qualifications**Detail qualifications specific to the person specification or future needs as outlined in the business case |  |
| **Additional skills and experience**Detail skills and experiences specific to the person specification or future needs as outlined in the business case |  |
| **Sickness Absence**Detail your sickness absence for the last 2 years, you will be provided with this information prior to the completion of this form. Employees should highlight any sickness absence which they feel is related to disability, or maternity related and therefore should be disregarded. |  |
| **Capability**Detail any formal action being followed. |  |
| **Disciplinary Record**Detail any current live warnings |  |

Please use an additional page to capture any further relevant information.

I confirm the information provided is accurate and up to date

Signed........................................................... Date...................................................

**Selection Criteria Master Record Sheet – Provisional / Final Outcome** (delete as appropriate)

Date:........................................

Title to Change Management project:.....................................................................

|  |  |  |
| --- | --- | --- |
| Employee Name | Total Score (from Scoring Template) | Selected for Redundancy Y/N (and comments) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Signed below by all Senior Managers who participated in Scoring process.

Signed:......................................... Name: ....................................... Post Title: ....................................................................

Signed:......................................... Name: ....................................... Post Title:.....................................................................

Signed:......................................... Name: ....................................... Post Title:......................................................................

**Individual** **One to One (1:1) Consultation Meeting**

# Manager’s Checklist

Managers should ensure that the following subjects are fully discussed and a record is kept of this and any further meetings. At this meeting the employee may be supported by a trade union representative or a work colleague. An HR representative may be present for the purposes of giving advice.

Any feedback in relation to the consultation document will be collated, recorded and duly considered by the Manager. A copy will be provided to the individual.

Name of Employee:

Name of Manager:

Trade Union Representative (if present):

HR representative (if present):

Date:

**Agenda:**

* Confirm the employee is at risk of redundancy and explain criteria for selection/feedback

on selection process

* Ask if the employee understands the business need for redundancies and ask if they have any questions
* Explain any measures already taken to prevent/avoid the redundancies
* Advise of any alternative employment the Council may be able to offer
* Ask if the employee has any alternatives or proposals they wish the Council to consider
* Ask if there are any questions the employee wishes to ask
* At the conclusion of the meeting clearly summarise any points from above which will be looked into and agree a date for a follow up meeting (2nd consultation meeting)

Notes: (use this section for recording any points raised from above, including any action points)

……………………………………………………………………………………………………....

………………………………………………………………………………………………………

………………………………………………………………………………………………………

**We the undersigned, confirm that the above matters were discussed as part of a formal individual consultation meeting and the employee named was given the opportunity to raise alternatives or make proposals with regard to the advised redundancy situation**

**Manager……………………………………… Date ………………………………………………….**

**Employee…………………………………….. Date ………………………………………..………..**

**Invitation to** **CR meeting to issue notice**

Date

Name

Address

Dear Name

**Invitation to meeting to issue redundancy notice**

As you are aware, the statutory consultation period for employees in scope of the Name of restructure has now ended. I regret that I need to inform you that it is very likely that your position of post will end by reason of redundancy. However, as discussed we will continue to seek suitable alternative employment for you up until your termination date.

I am therefore writing to invite you to attend a meeting with myself on date at time at location to discuss the matter. Unfortunately, I need to advise you that the purpose of this meeting is to issue you with the relevant notice of your termination of employment. You are entitled to be accompanied at the meeting by a trade union representative or co-worker.

I should be grateful if you would confirm whether or not you propose to attend the meeting.

Yours sincerely

Name

Senior Manager

**Compulsory redundancy notice letter**

Name

Address

Dear Name

**Employment as Post**

**Issue of contractual notice – Compulsory Redundancy**

Further to our previous conversations I write to you to confirm the outcome of the assimilation and interview process following the consultation period for the Name of Restructure/ Reason for change.

I am sorry to inform you that you were unsuccessful for when interviewed for the post of Post. It is with regret that I must now give you official notice of the termination of your employment. Your notice period will take effect from date and, in line with your contract of employment, you are entitled to Number months / weeks’ notice meaning that your termination date will be date.

Your estimated compulsory redundancy figure is £XXX and this is a tax free redundancy payment (Note up to £30,000 any amount above this is subject to tax).

These figures are based on the following information, if any details are incorrect please contact me:-

Date of birth: XXXX

Date of commencement: XXXX

Date of previous continuous employment : XXXX

Hour per week: XXXX

Annual salary: XXXX

I must advise that if you are offered an alternative post with the same employment or another employer as included on The Redundancy Payment (Continuity of Employment in Local Government, etc) (Modification) (Amendment) Order 2002, and commence this employment within four weeks from the effective date of your redundancy, then any entitlement to redundancy payment will cease and continuous service for the purposes of future redundancy payment is reserved.

As discussed, we will actively assist and support you with any redeployment opportunities up until your termination date. If I can provide any further assistance, please do not hesitate to contact me.

Please note, if you leave the Authority’s employment any application for re-employment must be approved by the Assistant Director – HR/OD. If you consider applying for a post and you are in receipt of your pension please Contact Local Pension Partnership Administration (LPPA) and register / access your pension information via the on line portal. Link: <https://www.lppapensions.co.uk/members/>

**Either**

As you are a member of the Local Government Pension Scheme who is being made redundant and is over the age of 55 years on the date of termination, you will be eligible to receive immediate payment of your LGPS pension benefits without reduction. In order to receive your pension, you must complete and return the enclosed YPS10 form.

Please print off form from:

<http://www.intouch.ccc/humanresources/policiesprocedures/managingchange.asp>

Please refer to the guidance enclosed.

***or***

As you are under the age of 55 you are not eligible to receive immediate payment of your Local Government Pension on termination of your employment. Any pension contributions made during your employment will be deferred and brought into payment at a later date. If you have any questions about your pension, please contact Local Pension Partnership Administration (LPPA) and register / access your pension information via the on line portal. Link: <https://www.lppapensions.co.uk/members/>

If you have any items of Cumberland Council property such as phones, ID Badges, keys etc these will need to be arranged to be handed in at a mutually convenient time ahead of your last day in the workplace.

I am obliged to inform you that you have the right of appeal against this decision to a higher level of management. If you decide to exercise this right you must do so, in writing to Name of Corporate Director, within 7 working days of receipt of this letter, stating the grounds of your appeal.

If you have any queries regarding the content of this letter and require further explanation, please do not hesitate to contact myself or Name (HR Manager).

Yours sincerely

Director HR/OD or Assistant Director HR/OD

**Invitation to** **appeal hearing letter**

**STRICTLY CONFIDENTIAL**

Date

Name

Address

Dear Name

**APPEAL MEETING AGAINST REDUNDANCY**

Further to your letter of date, you have chosen to appeal against the decision that your post is redundant with effect from date.

I am therefore writing to invite you to attend a meeting with me on date/time/location. You are entitled to be accompanied at the meeting by a trade union representative or co-worker. You may also, if you wish, submit written representations for consideration either in addition to, or in place of, oral representation.

The purpose of this meeting is to give you the opportunity to appeal against the decision that your post of Job Title is redundant. Name HR Manager will also attend for the purpose of giving advice.

I attach, for your information, a copy of the outline structure for the meeting. This will give you some idea of the format the meeting will take.

I should be grateful if you would confirm whether or not you propose to attend the meeting. If you do not wish to attend, the meeting will be conducted in your absence and a decision will be taken on the basis of matters presented at the meeting.

Yours sincerely

Director HR/OD or Assistant Director HR/OD

**Cc HR Manager**

**Appeal against Redundancy Meeting**

**CONFIDENTIAL**

**Outline Agenda**

1. Introductions
2. Explanation of purpose of meeting i.e. to consider the appeal with a view to resolving the matter
3. The person raising the appeal (and/or their representative) will be asked to state
4. Why they do not accept the original decision
5. What outcome they are looking for
6. Questions on the case may be asked by the manager hearing the appeal and their HR advisor (if appropriate).
7. The person raising the appeal will sum up their case.
8. The manager will then adjourn the meeting to review the information presented including any notes of any previous meetings and the original outcome letter(s)
9. If it is possible to reach a decision within a short timescale, the meeting will be reconvened and the decision given. The manager will then confirm the decision in writing within 5 working days. No further right of appeal exists.
10. If it is not possible to return a decision immediately after the meeting, the manager will inform the person raising the appeal of their decision within 5 working days. No further right of appeal exists.

**CR Appeal hearing letter**

**Private and Confidential**

Date

Name

Address

Dear Name

**Outcome of appeal against compulsory redundancy**

I write to confirm the outcome of the appeal meeting held on date at location. Prior to the meeting you were informed that you were entitled to be accompanied at the meeting by a Trade Union representative or co-worker. You chose to be accompanied by Name . I chaired the meeting and was supported by Name, HR Manager as adviser.

Name was present as note taker.

The main points of your appeal are summarised as follows;

1.

2.

3.

I have reviewed all of the information provided to me by Name and I have taken account of your views at the XXX . I cannot uphold your appeal against compulsory redundancy.

My reasons for reaching this decision are as follows set out against each point of your Appeal:

1.

2.

3.

In summary I have found

It is therefore with some regret I must confirm that I cannot uphold your appeal against Compulsory Redundancy. It is therefore with regret that I confirm that your employment will terminate on XXX by reason of redundancy. There is no further right of appeal against this decision.

Please note, if you leave the Authority’s employment any application for re-employment must be approved by the Assistant Director – HR/OD. If you consider applying for a post and you are in receipt of your pension, please contact Local Pension Partnership Administration (LPPA) and register / access your pension information via the on line portal. Link: <https://www.lppapensions.co.uk/members/>

I wish you all the best in the future.

Yours sincerely

Name

Chair of Appeal