BUSINESS CASE

Targeted and Negotiated Voluntary Redundancy (TNVR)

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| --- | --- |
| Agency |  |
| Division/Branch |  |
| Employee’s full name |  |
| D.O.B and age |  |
| Award & classification |  |
| Position & position number |  |
| Employee annual salary |  |
| Full time/Part time (hrs per wk) and FTE |  |

TNVR Payment Calculation

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| --- | --- |
| Eligible TNVR service start date |  |
| Proposed separation date |  |
| Total years of service (equivalent full time)  *Attach details outlining any deducted periods of employment status eg lwop, maternity leave, part-time etc in total years of service.* |  |
| Equivalent full time annual salary (a) |  |
| Calculation of weeks for Years of Service payment (b)  4 weeks (pro rata for part time) + ( 2 weeks salary x total equivalent full time service) = total weeks  *(minimum 16 weeks total, maximum 48 weeks total –* ***for part-time employees please see note under Calculation of Years of Service Payment)*** |  |

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| Calculation of Years of Service payment  ***Calculation 1 – full-time & part-time employees***  (a)÷52 x (b) =$Years of Service  ***Calculation 2 – Part-time employees only***  ***(Note - part-time employees are entitled to greater amount of the two calculations)***  *16 weeks x employees weekly part-time salary = $years of service payment* |  |
| Other |  |
| Total TVNR payment (YOS and other) |  |
| Estimated annual recurrent savings  (First year after separation exclude on-costs) |  |
| Payback period (recommended max 1 year)  (Years of service payment + other approved payment) ÷ annual recurrent saving = Payback period |  |
| Employment exclusion period in weeks = total separation payment ÷ weekly pay. Round up to nearest whole week. |  |
| RATIONALE AND IMPACTS OF THIS TVNR  Reasoning:  Impact on Services: | |

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| --- | --- |
| Business Case completed by:  Name……………………………………..  Signature………………………………….  Date………./…………/…………….  Contact No………………………………… | Authorising Officer - Head of Agency  Name……………………………………..  Signature………………………………….  Date………./…………/…………….  Contact No………………………………… |