**Case Managers use only**

Case Manager’s Checklist

This checklist has been prepared to assist agency Case Managers when meeting with an Identified employee and recommends the minimum discussion points. The checklist can be adapted to meet agency specific requirements.

*Please ensure that appropriate record keeping is in place applicable to the case management support that is being provided to the employee, including details of suitability assessment referrals*.

|  |  |
| --- | --- |
| Case Manager’s Name |  |
| Date of Meeting |  |

Employee Information – fill this in prior to meeting with the employee

|  |  |
| --- | --- |
| Name |  |
| Phone Number |  |
| Current Position |  |
| Business Unit/Branch/Section |  |
| Position Location |  |
| Award, Classification & Salary |  |
| Contracted hours of work | 🗆 Full-time 🗆 Part-time specify FTE………. |
| Abolition date or likely abolition date |  |
| Date of birth | / / Age: |
| State Service commencement date |  |
| Long Service Leave commencement date |  |
| RBF member | YES/NO If yes:  🗆 Contributory 🗆 Accumulation |

Discussion Points

|  |  |
| --- | --- |
| Case Manager - Explain your role | 🗆 |
| Employee’s existing knowledge |  |
| * Ask the employee what information has already been discussed with them or provided to them regarding their employment arrangement. | 🗆 |
| Identified Employee Letter |  |
| * Has this been provided to the employee? | YES/NO |
| * If no, please arrange for this to be provided to the employee | 🗆 |
| EAP |  |
| * Explain the purpose and benefits of EAP support | 🗆 |
| * Provide the employee with a brochure or information on EAP | 🗆 |
| Redeployment |  |
| * Explain the focus is on redeployment | 🗆 |
| * Explain and discuss the Identified Employee process | 🗆 |
| * Explain the provision of meaningful work | 🗆 |
| * Explain salary maintenance provisions – maximum 12 months | 🗆 |
| Redeployment Options |  |
| * Discuss the employee’s skill set, the type of positions and agencies or organisations for which they may be interested in working | 🗆 |
| * Is the employee willing to be considered for redeployment to a lower classified position (with salary maintenance for twelve months)   🗆 Yes 🗆 No | 🗆 |
| Hours of work |  |
| * Is the employee interested in being considered for positions with different working hours to those currently being worked 🗆 Yes 🗆 No  If yes, specify: | 🗆 |
| * Does the employee require any flexible arrangements regarding their work pattern 🗆 Yes 🗆 No If yes, specify: | 🗆 |
| Work Location |  |
| * Is the employee interested in working in other areas of the State   🗆 Hobart 🗆 Launceston 🗆 Devonport 🗆 Burnie 🗆 Other (specify) | 🗆 |

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| --- | --- |
| Resume/CV |  |
| * Does the employee have an up to date resume/CV that would be suitable for suitability assessment referral purposes 🗆 Yes 🗆 No | 🗆 |
| * If no, discuss what support the employee requires to either develop or update their resume | 🗆 |
| Targeted Negotiated Voluntary Redundancy (TNVR) – *if being offered by the Agency at the Identified Employee stage.* |  |
| * Explain the TNVR process | 🗆 |
| * Ascertain if the employee is interested in expressing an interest in receiving  a TNVR 🗆 Yes 🗆 No 🗆 Unsure | 🗆 |
| * Discuss the benefits of the employee seeking information from RBF if they are interested or unsure of their interest in a TNVR | 🗆 |
| * Superannuation |  |
| * Suggest that the employee arranges a meeting with their superannuation provider to discuss their entitlements | 🗆 |
| * If the employee is an RBF member send email stationery item to redundancies@rbf.com.au & forward a copy of the email to the employee | 🗆 |
| * Financial Assistance |  |
| * Suggest that the employee seeks independent financial advice – *Remember* ***do not*** *recommend a particular financial provider* | 🗆 |
| * Advise the employee if the agency is providing a monetary contribution towards seeking independent financial advice | 🗆 |
| * Part-time employees |  |
| * Ask the employee if they also undertake work elsewhere in the State Service (if yes, please discuss with SSMO before proceeding with any TNVR offer) | 🗆 |
| Performance Management and Development Plan |  |
| * Ascertain if the employee has a current Performance Management and Development Plan in place 🗆 Yes 🗆 No | 🗆 |
| * If no, arrange for a plan to be put in place | 🗆 |
| Training and Support |  |
| * Discuss with the employee what other training and support they require   *Training and support is to be relevant to assisting the employee being redeployed, make a decision in respect to redundancy or manage their change in circumstances.  The provision of such support is to be within the Agency budget allocation.* | 🗆 |

|  |  |
| --- | --- |
| Other issues |  |
| * Ask the employee if there are any other issues or information that they would like to share with you or if they have any other questions | 🗆 |
| Agreed actions and next meeting |  |
| * Discuss what you both will do prior to the next meeting so that you are both clear on the agreed actions | 🗆 |
| * Discuss when you will next meet and the frequency of the  Case Management meetings | 🗆 |

**Notes:**

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