BUSINESS CASE

Targeted and Negotiated Voluntary Redundancy (TNVR)

|  |  |
| --- | --- |
| 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

|  |  |
| --- | --- |
| 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)*** |  |

|  |  |
| --- | --- |
| 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 TVNRReasoning:Impact on Services: |

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