IDENTIFIED EMPLOYEE TEMPLATE LETTER

[Title] [First name] [Surname]

[Position]

[Company]

[Post Office Box OR Street Address]

[TOWN] [STATE] [POSTCODE]

Dear [Employee's First Name]

I refer to recent discussions with you regarding your current assigned duties and confirm that due to [insert reasons for example: the cessation xx Program; a restructure of the xx Branch; reduction in funding for the xxx Program; a review of the functions of xxx Section which has resulted in discontinuation of funding for the xxx Project ] the duties of [insert position title and number] within [Business Unit, Division Branch or Section][will no longer be required with effect from [insert specific date] **OR** are unlikely to be required as from [insert when ie December 2014] – **delete whichever is not applicable**]. You have therefore been listed as an Identified Employee as [you will not have **OR** it is unlikely that you will have - **delete whichever is not applicable**] ongoing duties from the [insert specific date].

As an Identified Employee you will be assessed for reassignment to any available and suitable duties as part of this Department’s Internal Position Management process. You will also be considered for transfer to any available and suitable duties in other Agencies as part of the State Service Vacancy Control process. The focus at this point in time is to work with you to try and find you appropriate duties.

I have arranged for [insert Case Manager’s first and last name] from the [Department’s Human Resource Branch **OR** specify if from another Branch] to be your Case Manager. [Insert Case Manager’s first name] will contact you to discuss the process and available support options. You are also welcome to contact [insert Case Manager’s first name] before then if you if you have any immediate concerns or questions. [Insert Case Manager’s first name] telephone and email contact details are [insert telephone number and email address].

***Only include the following paragraph if the employee’s duties have ceased or are ceasing soon.***

As the duties you [were undertaking have now ceased OR will cease on [insert date]] I confirm that you will be provided with meaningful work in the [insert Business Unit, Branch, Section] [from [insert date] to [insert date] OR [until further advised] – **delete whichever is not applicable]**. The duties will be those relating to [insert brief description of duties i.e. processing accounts payable and receivable]. Whilst undertaking these duties you will be responsible to [insert person’s name and position title]. There will be no change to your current salary which is [$ ] per annum in accordance with [insert classification and award ie General Stream, Band 4 of the Tasmanian State Service Award] and there will be no change to your hours of work.

In addition to providing you with Case Management support I also encourage you to utilise the services of the Department’s Employee Assistance Program (EAP) if you consider that such support would be beneficial. EAP provides a confidential counselling service to employees, their immediate family and those with whom they have a significant relationship. Information and contact details for the Department’s EAP service are attached.

Please do not hesitate to contact [insert Case Manager’s first and last name] or your immediate Manager if you have any queries regarding the above.

Yours sincerely

[Insert Secretary’s Name]

Secretary

DEPARTMENT OF [Insert name of agency]

***(Note: letter must be signed by the Head of Agency)***

[Insert date]