**Workforce Renewal Incentive Program**

**Business Case – Business Area**

|  |  |
| --- | --- |
| **Division/Branch:** |  |
| **Employee’s full name:** |  |
| **Position Number & Title:** |  |
| **Classification:** |  |
| **FTE annual salary:** |  |
| **Full time/Part time (hrs per wk) and FTE:** |  |
| **Eligible service start date:** |  |
| **Employee proposed separation date:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Do you support this Expression of Interest: | | YES | NO |
| If WRIP supported, proposed separation date: | |  | |
| **If NO, please state reasons for not supporting:**  Position critical to agency and cannot be abolished  Re-profiling options not appropriate / repayment saving options not cost effective  Other (please state) | | | |
| **REPROFILING IDENTIFIED IN SUPPORT OF WRIP**  In completing this section, please consider the following:   * skills and capabilities gaps * options to for renewal\re-profiling | | | |
| **SAVINGS IN SUPPORT OF WRIP** | | | |
| $  From: / / | Structural savings and date commencing | | |
| $ | One-off savings | | |
| $ | Estimate of any operational cost reductions (eg. Project ceasing, vehicle) | | |

|  |  |
| --- | --- |
| [Business Area]  Name: ……………………………………..  Position: …………………………………..  Signature: ………………………………….  Date: ………./…………/…………….  Contact No: ……………………………… | [Agency to complete, depending on approvals, ie Deputy Secretary]  APPROVED/NOT APPROVED  …………………………………..  Date………./…………../………….. |

**Human Resources [or area as relevant for each Agency]**

|  |  |
| --- | --- |
| **Date considered:** |  |
| **Approved/Not Approved:** |  |
| **WRIP $ approved:** |  |
| **Where relevant, follow up information required [by who and when]:** |  |