**Workforce Renewal Incentive Payment (WRIP) Program**

**Business Case to Head of Agency**

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| **Agency:** |  |
| **Division / Branch:** |  |
| **Employee’s full Name:** |  |
| **Date of birth and age:** |  |
| **Award and classification:** |  |
| **Position title and position number:** |  |
| **Employee annual salary:** |  |
| **Full-time/part-time and FTE:** |  |

**WRIP Payment Calculation**

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| **Eligible WRIP service start date:**  *(Date commenced continuous employment in the Tasmanian State Service)* |  |
| **Proposed separation date:** |  |
| **Continuous years of service:** |  |
| **WRIP amount (Gross):**  *(Amount as per guide in Managing Positions in the State Service issued 17 January 2025)* | $ |
| **Estimated savings – if any:**  *(First year after separation exclude on-costs)* | $ |
| **Employment exclusion period:** |  |

**WRIP Criteria**

A WRIP is an incentive program to encourage employees to leave the State Service, thereby creating opportunities to:

* Reprofile and reclassify vacancies to better suit contemporary service delivery.
* Enable hiring new employees with different skills, knowledge, and experience, including targeting youth, often at a lower classification point.
* Assign or transfer an identified or surplus employee into the position.

A Head of Agency is only to offer and approve a WRIP payment where it can be demonstrated that:

* One of the above criteria can be met; and
* The agency can support the employee leaving; and
* The agency has the capacity to manage the cost within its existing budget.

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| **Justification** *(in accordance with the above criteria):* |

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| **Payback period and any savings to the Agency:**  *(Provide details of calculation here)* |

**Important Notes:**

* Employees offered a WRIP should seek financial advice on potential implications for superannuation and taxation before accepting an offer. Ensure proposed separation date allows sufficient time for this.
* A WRIP will not be regarded or treated as a redundancy.

| Business Case completed by: | Head of Agency (authorising Officer): |
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| Name: ...................................................... | 🞎 APPROVED 🞎 NOT APPROVED |
| Signature: .................................................. | Signature: ................................................... |
| Date: ................../..................../................ | Date: ................../......................./................ |
| Contact No: .............................................. |  |