**Workforce Renewal Incentive Payment Program**

Expression of Interest

We are seeking expressions of interest from employees in the Workforce Renewal Incentive Payment (WRIP) program. The application period is from [start date] to [end date].

To register your interest, please complete this form and forward if to [contact name]:

|  |  |
| --- | --- |
| **Name:** |  |
| **Substantive classification and role:** |  |
| **Division / Branch:** |  |
| **Employment status:** |  |
| **Date commenced in the State Service:** |  |
| **Proposed exit date:** |  |

**Key points:**

* The department is not obliged to make an offer of a WRIP.
* You can withdraw your application at any time before a formal is accepted.
* You are strongly encouraged to seek from financial, taxation and superannuation professionals.
* Once your expression of interest has been received, a request to complete a business case will be forwarded to the business area manager for assessment.
* If an offer is made by the department and accepted by you, you agree to separate on a mutually agreed date.
* Submitting this form registers your expression of interest only and that does not form a binding agreement between you and the department.

*Additional information on WRIPs can be found [insert link to Agency or SSMO website]*

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| --- | --- | --- | --- |
| Signature: |  | Date: |  |