**Voluntary Severance Application**

**Employee Application**

Details to be filled in by applicant

|  |  |
| --- | --- |
| Name of applicant |  |
| Service |   |
| Personnel Number |  |
| Position |   |
| Grade |   |
| Current Salary |   |
| Date of Birth |   |
| SCC Start Date |   |
| Continuous Service Start Date |  |
| Proposed Last Date of Service |   |
| Member of Pension Scheme (Y/N) |   |
| Estimate of my redundancy and pension entitlement | £ |

By submitting this application I confirm that I have received an estimate of my redundancy and pension entitlement and that by submitting this application I understand I am requesting to voluntarily end my employment with Surrey County Council for the role(s) of ................................................................(*job title(s)).*

I confirm I understand that if this application is accepted it will mean that I am no longer entitled to redeployment support from this/these role(s) and that I will not be expected to work with the organisation to look for suitable alternative employment.

I confirm that, if I am in receipt of benefits, I have taken advice as to how any Voluntary Severance application will impact on my benefit entitlement and I still wish to proceed with my application.

I also confirm I understand that if this application is accepted and I leave the council through Voluntary Severance, I will not be able to apply for subsequent employment with Surrey County Council for a period of 12 months.

Signed: .............................................................

Date:..............................

**Application Considered by Severance Review Group**

**Date application Considered by SRG:..................................**

**Application supported: Yes/No**

**Signature on behalf of SRG: .............................................**

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**Outcome**

**Date Outcome Provided to HR:.......................................................**

**Date Outcome Shared with Employee:.......................................................**