

PUBLIC HEALTH WALES

VOLUNTARY EARLY RELEASE APPLICATION FORM

Part A. To be completed by Employee

Division and Department:			
Full Name:		Date of Birth:	
Job title:		Band/Grade:	
Payroll Number:			
NI Number:		Gross Annual Salary:	
NHS Start Date		Organisation Start Date:	
Preferred Contact Details:	E-mail:		
	Phone:		
	Address:		

I confirm that:

- **I have been employed by NHS in Wales for a minimum of 12 months**
- **I have not resigned or accepted another post within NHS Wales/DHSSC**
- **I have not been notified of the date of termination of my contract of employment for any other reason**
- **I am not currently under notice of a Capability Hearing into my performance**
- **I am not currently under notice of a Disciplinary Hearing into my conduct**
- **I have not given formal notice to retire**

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I wish to apply for the Voluntary Early Release Scheme. I understand that the information above will be validated and the outcome of my application will be communicated to me in writing. I understand that there is no guarantee my application will be successful and that completing this enquiry application puts me under no obligation to accept an offer if suitable.

Date:	
Signed:	
Potential Leaving Date:	

Part B. To be completed by Line Manager

Please complete Supporting Business Case Information

1. **How can the work undertaken by the applicant can be redesigned, re-assigned, or undertaken in a different way:**

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2. How will the savings from the post, or an equivalent amount, be removed on a recurrent and auditable basis:

3. Confirmation that the cost of the individual's release will be recovered through a payback period of no more than one year:

4. Consideration has been given to the risk of the loss of skills and experience, and to the potential impact on remaining employees:

5. Confirmation that patient safety, quality and efficiency can be maintained or enhanced as a consequence of the release:

Requesting Line Manager: (Signature)	
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Requesting Line Manager : (Print Name)	
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Part C: To be completed by the Divisional Director

Divisional Director (Signature)	
Divisional Director (Print Name)	
Is the Application Approved:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Application Submitted:	

Please email the form to relevant Senior Regional HR Adviser.

Part D: To be completed by HRA

Financial information supplied from Payroll:

Name Surname (employee number)	
Potential Leaving Date	
Contracted Hours	
Date commenced	
Previous NHS service	
Previous NHS service ceased	
Completed years to term date	
Entitlement in months (max 12)	
Annual Salary	

Monthly Rate	
Amount Due	
Equates per week to	