[Insert appropriate directorate letterhead]

Voluntary Redundancy Election Form

Instructions

1. This form should be used to provide your response to the voluntary redundancy offer you received from the ACT Public Service (ACTPS).
2. This form must be completed in full and signed (either electronically or physically). Incomplete forms will be returned for completion.
3. If you have any questions regarding this form, please contact [insert relevant contact details].

Employee details

Give name(s): Enter details here.	**Surname(s):** Enter details here.	**AGS:** Enter details here.
Directorate: Enter details here.	**Branch:** Enter details here.	**Team:** Enter details here.

Election

Please select **one** of the following options by checking the appropriate box:

☐ Option 1 – Elect Voluntary Redundancy

I confirm that I **wish to be made voluntarily redundant**. In making this election, I acknowledge that:

- I have reviewed the redundancy package being offered to me by the ACTPS and have sought all necessary independent advice.
- I will forego future career transition and development opportunities within the ACTPS.
- My employment in the ACTPS will end on a date agreed with the directorate.
- I will be ineligible to be re-engaged in the ACTPS until an equivalent period of weeks and days to the termination payment has expired.

☐ Option 2 – Do Not Elect Voluntary Redundancy

I confirm that I **do not wish to be made voluntarily redundant**. In making this election, I acknowledge that:

- I have reviewed the redundancy package being offered to me by the ACTPS and have sought all necessary independent advice.
- I will continue to be employed in the ACTPS and I will not receive a voluntary redundancy package.

Signature: **Date** Enter details here.