[Insert appropriate directorate letterhead]

Voluntary Redundancy Expression of Interest Form

Instructions

1. This form should be used to express your interest in receiving a voluntary redundancy offer from the ACT Public Service.
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):	**Surname(s):**	**AGS:**
Enter details here.	Enter details here.	Enter details here.
Directorate:	**Branch:**	**Team:**
Enter details here.	Enter details here.	Enter details here.

Declaration

In making this expression of interest, I understand that:

1. this an expression of interest only and does not convey a right or entitlement to be made voluntarily redundant;
2. the directorate will assess the operational and service delivery impacts before any decision is made regarding my expression of interest;
3. my role may be assessed as being critical to the operation of the directorate and I may not receive a voluntary redundancy offer; and
4. the directorate may request further information during the assessment to support the decision-making process.

Signature: **Date** Enter details here.