**Redeployment Checklist**

**(To be completed by the HR Business Partner/Redeployment Co-ordinator during the initial discussion with the Employee)**

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| Employee Name: |
| Redeployment Discussion Date: |
|  |
| The HR Business Partner/redeployment co-ordinator to discuss the following with the Employee during the initial redeployment discussion  | Tick When Done |
| Explain the redeployment process (The Policy, completing the redeployment proforma, support to employees, redeployment procedure and regular interim reviews) |  |
| Provide a copy of the redeployment policy to the Employee |  |
| Provide sufficient notice of the changes to the employee's role / job |  |
| Explain the timescales involved in accepting / rejecting a reasonable / unreasonable redeployment opportunity |  |
| Provide information on protection arrangements |  |
| Advise of the effect of redeployment on terms and conditions of employment |  |
| Advise of the effect of redeployment on the employee's pension  |  |
| Provide information on relocation / travel expenses  |  |

**Authorisation**

**To be signed by Employee**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Employee Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (please print in block capitals)

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| --- |
| **To be signed by the HR Business Partner/Redeployment Co-ordinator:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of the Redeployment Co-ordinator Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name (please print in block capitals) Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Data Protection**

In line with The Data Protection Act 1998 all information contained on this form will be utilised only for redeployment purposes.

***HR use only***

Following receipt of this form from the employee please send this form to the HR Business Partner / Redeployment Coordinator, Central Offices.