This letter must be used to advise an employee that they have been formally declared as being excess to requirements (refer to Clause 3.4 of Appendix 1 of the *South Australian Public Sector Wages Parity Enterprise Agreement: Weekly Paid 2017*).

The letter must only be sent following adherence to Clauses 1.1 through to 3.4 of Appendix 1.

**[Wording in bold font]** should be deleted once relevant content is included.

State Government logo and Agency branding is to be included.

**[Insert Date]**

**CONFIDENTIAL**

**[Insert Name and Postal Address]**

*Delivered per registered and standard mail; or courier; or hand delivered*

Dear Mr or Ms **[surname]**

**Declaration as Excess Employee**

On **[date]**, written advice was provided to employees in the **[agency name]** regarding the then proposed organisational change that could result in the abolition of positions, roles or duties and employee/s being declared as excess to the requirements of the agency.

Following a consultation process involving affected employees and employee associations and consideration of feedback received during that process **[and, if applicable, the criteria to fill roles, duties or positions]**, I confirm that the substantive, funded **[role, duties or position]** has been abolished effective **[as per clause 3.4.2 of Appendix 1 the date the position is made redundant shall be no earlier than 28 days from the date the notification is received]**.

The reason for your substantive, funded **[role, duties or position]** being abolished was as a result of this agency’s decision to **[insert details including if the decision was made to privatise, outsource, contract out or the closure/part closure of a service(s)]**.

I now formally declare that effective from **[insert relevant date]** you will be excess to the requirements of **[agency name]**.

The **[agency name]** will assist and support you to transfer into a suitable alternative ongoing permanent role in the public sector. This will be managed in accordance with Part 4 of Appendix 1 of the *South Australian Public Sector Wages Parity Enterprise Agreement: Weekly Paid 2017* (Appendix 1) and in accordance the *Determination and Guideline 7 of the Commissioner for Public Sector Employment Changes to Workforce Composition and Management of Excess Employees Redeployment, Retraining and Redundancy.*

In accordance with Appendix 1:

1. there is a redeployment process (effective from the date indicated in this letter);
2. you are entitled to request a paid time meeting with **[agency human resources / case manager]** to discuss any aspect of the redundancy and/or redeployment process;
3. you are entitled to be represented during the meeting by the relevant Union(s);
4. an offer of a Voluntary Separation Package (VSP) must be made to you;
5. if you accept the offer of a VSP within the first three months of the date of this letter, you will be eligible to receive a lump sum payment of $15,000 in addition to the payment as part of a VSP (and the value of any accrued entitlements to recreation and long service leave);
6. if you decline the offer of a VSP within the first three months and subsequently elect to accept the offer a VSP, you will not be eligible to receive an additional lump sum payment of $15,000;
7. if you elect to accept the offer of a VSP after being excess to requirements for more than 12 months of the date of this letter, the payment as part of a VSP will be reduced to 75% of that which would have been payable prior to the expiration of 12 months; and
8. your employment ***may be*** terminated at the end of the 12 month period if you remain excess to requirements and the criteria of clause 4.6 of Appendix 1 of the Enterprise Agreement has been complied with. **[delete if redundancy is due to outsourcing, contracting out or privatisation].**

When an offer of a VSP is made to you, it is important that you read the Department of Treasury and Finance Guideline titled “Voluntary Separation Packages (VSPs) – Weekly Paid Employees”. You are encouraged to seek independent financial and taxation advice. Enquiries relating to superannuation should be directed to Super SA ([www.supersa.sa.gov.au](http://www.supersa.sa.gov.au)).

The **[agency name]** will be responsible for continuing to provide you with suitable duties where you do not occupy a substantive, funded **[role, duties or position]**. In the immediate future/short-term you will be **[assigned/allocated]** duties at **[insert location – which could be the employee’s current work location]** and will report to **[insert responsible manager – which could be the current line manager]**.

**[Insert name and title of person responsible for case management in your agency]** and **[name and title of manager to which the employee will report]** will assist and support you, in so far as is possible, to secure you substantive, funded alternative employment in the South Australian public sector.

You are encouraged to actively seek alternative substantive, funded employment within the South Australian public sector or otherwise. This includes working cooperatively and actively with **[name and title of person responsible for case management in your agency]** and **[name and title of manager to which the employee will report]**.

The **[agency name]** Employee Assistance Program provides free confidential professional counselling services to employees and partners/families (excluding financial advice). The Employee Assistance Program provider **[insert name]** can be contacted on **[insert details]**.

**[Insert name and title of person responsible for case management in your agency]** will contact you in the near future. If you have any questions in the interim please contact **[Insert name of senior HR practitioner / HR leader / or agency executive].**

Yours sincerely,

**Chief Executive, Agency Head or Delegate**

**Signature Block**

Enclosures:

Appendix 1 of the *South Australian Public Sector Wages Parity Enterprise Agreement: Weekly Paid 2017*

Determination and Guideline 7 of the Commissioner for Public Sector Employment Changes to Workforce Composition and Management of Excess Employees Redeployment, Retraining and Redundancy

I confirm receipt of written advice that I have been declared excess.

|  |  |
| --- | --- |
| **Employee Name:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Employee Signature:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Date:** | Click here to enter a date. |

The confirmation of receipt needs to be returned to [**insert name of agency person and email or postal information**]