# **REDEPLOYMENT PLAN**

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| The purpose of this plan is to support an employee during redeployment using a strategic and planned collaborative approach. It will identify the employee’s current skills, knowledge and attributes and any support and training required. Case managers should refer to clause 23 of Appendix 1 of the *South Australian Public Sector Enterprise Agreement: Salaried 2021.*  The plan should be reviewed every three months by the employee and their case manager. |

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| **Employee name:** | [Insert Employee Name] |
| **Substantive classification level:** | [Insert Classification Level] |
| **Division:** | [Insert Division] |
| **Start date of this plan:** | Click here to enter a date. |
| **Declared date:** | Click here to enter a date. |

## PART 1

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| **EMPLOYEE’S REDEPLOYMENT OBJECTIVE** |
| Employee’s redeployment objective: |
| [Provide an overarching statement summarising the employee’s goal] |
| Preferred role(s): |
| [ISpecify the role(s) the employee wishes to transition into including a brief statement as to why] |

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| SKILLS MAPPING *Employee in collaboration with case manager completes Part 2 Skills, Knowledge and Attributes Assessment and Template S5 is referred for the Manager’s/Line Supervisor’s Assessment: Skills, Knowledge and Attributes of Employee* |
| Identification of transferrable skills, abilities and experience (including additional duties)  [List key skill sets, capabilities and previous experience] |
| Skills gap analysis  [Identify the gap between existing skill sets and capabilities and those required in preferred role(s) and career stream(s)] |
| SUPPORT AND TRAINING PLAN |
| What activities are required to address any skills, knowledge and attribute gaps? Identify areas for professional and personal development.  [Please provide explanation of proposed training, job shadowing, mentoring, temporary placements etc.] |
| Outline any potential or actual barriers to undertaking support and training activities. Include any other information relevant to employees’ capacity to undertake job seeking activities or any alternative role i.e., travel distance, change of hours, personal circumstances (including medical conditions), temporary or permanent workplace restrictions etc**.**  [Begin your outline here] |

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| AGREED ACTIONS | | | |
| **Specific Action/Activity** | **By Who  (e.g. case manager)** | **By When** | **Status of the Action/Activity**  **Include Progress and Comments** |
| [Insert Action/Activity] | [Insert Name] | Click here to enter a date. | [Status comment] |
| [Insert Action/Activity] | [Insert Name] | Click here to enter a date. | [Status comment] |
| [Insert Action/Activity] | [Insert Name] | Click here to enter a date. | [Status comment] |
| [Insert Action/Activity] | [Insert Name] | Click here to enter a date. | [Status comment] |

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| **REVIEW** | | |
| To ensure identified support and training objectives are being achieved the employee’s Redeployment Plan is required to be reviewed on a regular basis.  **Review dates:** | | |
| 3 month | Click here to enter a date. | |
| 6 month | Click here to enter a date. | |
| 9 month | Click here to enter a date. | |

## PART 2 – SKILLS, KNOWLEDGE AND ATRRIBUTES ASSESSMENT

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| Clause 23, Appendix 1 of the *South Australian Public Sector Enterprise Agreement: Salaried 2021* requires that *“A Redeployment Plan based on the Skills, Knowledge and Attributes Assessment is mandatory for all excess employees who have not expressed an immediate interest in separation.”* |
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| GENERAL INFORMATION |
| Employee’s description of their current duties and responsibilities? |
| [Insert details] |
| Does the employee have a Resume/CV? |
| [Insert details] |
| Information on the manager/supervisor who will be asked to complete the “Manager’s/Supervisor’s Template” relating to the employee’s skills, knowledge and attributes. Does the employee wish any other employee to be asked to complete the template? |
| [Insert details] |
| Has the employee considered who will be their work referees and what are their contact details? |
| [Insert details] |
| Has the employee commenced any formal study or does the employee have any uncompleted study programs? |
| [Insert details] |

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| QUALIFICATIONS/LICENSES/CLEARANCES | |
| *The following may also include information from activities that an employee has undertaken outside of the work environment, e.g. being a volunteer or sporting clubs.* | |
| **Employee’s skills:** | **Date of expiry (if relevant)** |
| [Insert details] | Click here to enter a date. |
| **Employee’s knowledge:** | |
| [Insert details] | |
| **Employee’s experience:** | |
| [Insert details] | |

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| WHAT DOES THE EMPLOYEE IDENTIFY AS THEIR TOP 5 SKILLS OR KEY STRENGTHS? |
| **1.** [Insert details] |
| **2.** [Insert details] |
| **3.** [Insert details] |
| **4.** [Insert details] |
| **5.** [Insert details] |

We agree with:

1. the above record and acknowledge that this is an initial discussion which should not be viewed as a formal vocational assessment
2. the case manager will exchange personal information with state government agencies
3. the case manager and may contact training organisations and other service providers on behalf of the employee for the purpose of support and training activities.

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| **Employee signature:** |  |
| **Date (DD/MM/YYYY):** |  |
|  |  |
| **Case manager signature:** |  |
| **Date (DD/MM/YYY):** |  |