**University of Bolton Early Resignation & Retirement Scheme (ERRS)**

(February 2020)

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| Part A: To be completed by the applicant Applicant Details  |
| Full Name: |  |
| Faculty/School/Service :  |  |
| Current Job Title:  |  |
| Date of Birth:  |  |
| Application  |
| Please outline why you are applying for this scheme and any preferred leaving date up to and including the 30 April 2020.  |
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I understand that the Scheme is voluntary and confirm that I have read and understood the principles on which the Scheme is based, as outlined in the UoB Early Resignation & Retirement Scheme (ERRS), February 2020.

I also confirm that I understand that although I have submitted a formal application this does not guarantee approval either by my Dean/Head of School/Service or by the Staffing Committee.

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| Signature:  |
| Applicant:  |  | Date:  |  |

***Note to Applicant:*** *Please complete, sign and submit the above section, by email to your Dean/Head of School/Service with a copy to Sharon Thompson, HR Officer (**s.thompson@bolton.ac.uk**) by no later than the* ***31 March 2020*** *for consideration. Applications received after this date, will not be considered.*

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| Part B: To be completed by the Dean/Head of School/Service:  |
| Please provide your comments in writing with respect to this application. Please confirm clearly, to what extent you support this application and proposed leaving date. Please work with your HR Business Partner to provide details on the following: * Please explain how approval of this application may impact on the delivery of strategic and operational activities;
* Will the post be removed from the establishment (if so please outline what will happen to the work previously undertaken by the applicant;
* Business case if a replacement is to be sought including any cost implications/savings.
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| Signature:  |
| Dean/Head of School/Service: |  | Date:  |  |

***Note to Head of School:*** *Once completed, please return this form to* *s.thompson@bolton.ac.uk* *by no later than* ***3 April 2020****.*

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| Part C: To be completed by the Secretary of the Staffing Committee  |
| Please confirm the outcome of this application:

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| Application Accepted: |  |
| Application Rejected: |  |
| Further information requested (details):  |

Brief description of the reason(s) to accept or reject the application and any conditions:  |

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| Signature:  |
| Member of Staffing Committee:  |  | Date:  |  |