

REDUNDANCY WAIVER REQUEST FORM cont.

4. Employer to complete

Employee name Employed by

Position held

Basis of employment (wages, salary, contract, temporary, etc)

Date of commencement..... Date of termination.....

Reason for termination

.....

When was the employee first made aware of the possibility of redundancy?

Have you worked since being made redundant? Yes No

Was alternative employment offered? Yes No

If 'Yes', please give details.....

.....

Is the position formerly held still in existence? Yes No

Was the above named employed on a permanent full time basis? Yes No

Name Position

Signature X Date