

**Employee Application for Voluntary Severance**

**Staff are advised to read the Voluntary Severance Scheme document in full and discuss with their Head of School/Department or DVC in the case of a Head application before completing this form*.***

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| **FOR COMPLETION BY THE EMPLOYEE** | |
| **Employee Name** | **Grade** |
| **Email Address** | **Contact No** |
| **Job Title** | **Head of School/Department or DVC** |
| Please include here a brief statement in support of this application (you are advised to consult your manager before completing this section). This section is self-expanding to capture all the information you wish to submit. Please link this where possible to the criteria in the scheme. | |
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| By signing this application, I confirm I wish to apply for Voluntary Severance and I have read and understood the terms of the Voluntary Severance Scheme, should my application be approved. | |

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| --- | --- | --- | --- |
| Employee Signature |  | Date |  |

**Please return the application to Personnel** [hrv@hope.ac.uk](mailto:hrv@hope.ac.uk) **no later than 18/01/2024**