



EMPLOYMENT MANUAL

REDUNDANCY APPROVAL CHECKLIST



FIRST FOR JUSTICE

REDUNDANCY APPROVAL CHECKLIST



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Name of company	
<input type="text"/>	
Full company address	
<input type="text"/>	
Postcode	Name of contact
<input type="text"/>	<input type="text"/>
Position within the company	Contact telephone number
<input type="text"/>	<input type="text"/>
Policy number	Name of broker
<input type="text"/>	<input type="text"/>
Address of broker	
<input type="text"/>	
Broker Postcode	Telephone number of broker
<input type="text"/>	<input type="text"/>

1 ABOUT YOUR ORGANISATION

(a) Are the redundancies related to a business takeover/sale? YES NO

(b) Is the above part of a group of companies? YES NO

If YES please provide details:

(c) Do you have more than one site in the UK where staff are employed? YES NO

(d) How many staff do you employ?

(i) overall

(ii) on the site where the redundancy is agreed

(iii) potentially affected by this redundancy exercise

2 TRADE UNIONS

Do you have a written or verbally agreed recognition agreement with an independent trade union? YES, WRITTEN YES, UNWRITTEN NONE

If you have answered YES, you must comply with the agreement and consult the trade union regarding the proposed redundancies

3 EXISTING REDUNDANCY PROCEDURE

(a) Do you have standard terms of employment/staff contract/employee handbooks? YES NO

If YES, please attach a copy of any clauses relating to:

- Redundancy
- Flexibility of work
- Mobility

(b) Have clauses in a) above been issued to all employees who may be affected by the redundancy? YES NO

(c) Are there any verbally agreed or customary arrangements relating to redundancy, flexibility or mobility? YES NO

If YES, you must attach details of the arrangements.

(d) During the last 10 years, has the company made any employees redundant? YES NO

If YES, please supply details in respect of every occasion:

(i) when?

(ii) how many staff were made redundant?

(iii) what selection criteria was used?

4 REDUNDANCY NOW PROPOSED

(a) Why is it necessary to consider making redundancies now?

4 REDUNDANCY NOW PROPOSED (continued)

(b) How many employees do you propose to make redundant?

(c) When do you intend to issue the redundancy notices?

(d) How many other employees work in similar grades or job categories?

(e) Are the proposed selection criteria to be applied?

(i) within job categories YES NO

(ii) within the department YES NO

(iii) by site YES NO

(iv) across the organisation as whole YES NO

(f) Apart from the above do you intend to make any further redundancies in the next 90 days?

YES NO

If YES, how many:

(g) What selection criteria do you propose to use in selecting individuals for redundancy?

(i) written procedure YES NO

(ii) verbally agreed procedure YES NO

(iii) previous procedure YES NO

(iv) new procedures (please attach details)

(h) Please list on the attached sheet the details of the individuals whom you propose to make redundant and all those who work in similar positions.

(i) If you are a multi site operation, do you have the right to require staff to work at different locations? YES NO

If YES, do you in fact move staff around? YES NO

5 NOTIFICATIONS

(a) Have you started a consultation process YES NO

If YES, when did it start:

(b) Have you consulted with:

(i) Trade unions YES NO

(ii) Employees collectively YES NO

(iii) Employees individually YES NO

(c) Will opportunities for consultation be made available to both

(i) Trade Unions YES NO

(ii) Employees individually YES NO

6 VACANCIES

- (a) Do you have ANY vacancies (at whatever status, grade or salary) in your organisation as a whole, including any company mentioned in question 1a and 1b above?

YES NO

If YES, please give details on the attached sheet, including any current vacancies and any that you may be aware of in the future.

- (b) Are you prepared to offer these vacancies to staff proposed to be made redundant?

YES NO

If NO, please give details:

7 OTHER PROCEDURAL MATTERS

Will you give the right of appeal to employees who are selected for redundancy?

YES NO

If NO, please give explanation:

FORM RETURNED BY:

DATE:

(d) Is any woman in (a) - (c) above pregnant or on maternity leave?
If so, who?

YES NO

(e) Are any of the above:

(i) Part of a racial minority group?

YES NO

(ii) An active trade union member?

YES NO

(iii) Disabled?

YES NO

If so, which?

Please email the completed checklist to newclaims@das.co.uk, or fax it to **0117 934 2007**.

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