



EMPLOYMENT MANUAL

APPROVAL CHECKLIST

NORTHERN IRELAND



FIRST FOR JUSTICE

REDUNDANCY APPROVAL CHECKLIST

Name of company:

Full company address:

Postcode:

Name of contact:

Position within the company:

Contact telephone number:

Policy number:

Name of broker:

Address of broker:

Postcode:

Telephone number of broker:

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:

REDUNDANCY APPROVAL CHECKLIST

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?

REDUNDANCY APPROVAL CHECKLIST

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:

REDUNDANCY APPROVAL CHECKLIST

8 ATTACHED SHEETS

a) Staff to be made redundant

Name	Job title/Grade	Date of commencement

b) Staff in similar grades or job categories

Name	Job title/Grade	Date of commencement

c) Vacancies

Job title/Grade	Current vacancy	Future vacancy (enter date)

8 ATTACHED SHEETS (Continued)

d) Is any woman in a) - c) above pregnant? YES NO

If so who?

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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