THIS SHEET IS TO REMAIN ON TOP OF FILE

Checklist for Employees Requiring Placement employee file

Employee name:	waree Sheraton
Pin:	
VR Offer:	Accepted

Separation Date: 09 March 2014

File to be completed in chronological order (arranged in the order in which events occur or occurred. Place oldest at the back and newest in the front of file.)

	Data (information only)	On File (tick)
Correspondence Sent; VR Offer letter / Withdrawal letter (PDF - signed and dated)	VR Offer Letter, 18/02/2014	
Estimate	Received, 17/02/2014	
Confirmation of receipt of VR offer letter (eg email read receipt or registered post acknowledgement)		
Decision form -signed	Signed	
Separation advice - signed	Completed	
Estimate - signed	Signed	
Leave and service record - signed	Signed	
Overpayment form (if originally issued to employee) - signed	via and	
Database report	Report	/

When file checked for contents please place this checklist as the top most document (ie. First document you see when you open the file).

Employee Requiring Placement: Decision Form	
Mars Mars - Ol - 4	
Mrs Maree Sheraton	
I have been provided with a copy of:	
 Directive 06/1\$: Employees Requiring Placement. Directive 11/12: Early retirement, redundancy and retrenchment. 	
VR Estimate	
Having had the opportunity to consider the information in these directives and the advice proving the writing in a letter from Lesley Dwyer, Chief Executive dated 18/2/2014.	lded
I wish to accept the voluntary redundancy offer and cease my employment Queensland Health with a separation date of: 9/03/2014	
I also understand that in the event I am re-employed within any Queensland Public Ser entity within the severance period, I will be required to repay a proportion of	the
redundancy package, in accordance with the directive relating to early retirement.	ent,
Have you received a severance payment from a previous employer, where this service been recognised by your current employer?	has
Yes No 🗸	
OR	
I wish to decline the voluntary redundancy offer and pursue transfer opportunities understand that I must work co-operatively with my agency in seeking to secure a relatively with my agency in seeking to secure a relative	5, I 1 e w
placement, including applying for suitable vacancies. I also understand that: o if I do not participate in suitability assessment processes. I may be liable to	
disciplinary process; and/or	
 If I refuse a transfer direction on two occasions and cannot demonstrate reasons grounds for refusal, my employment may be terminated in accordance with s134 	ıble 4 of
the Public Service Act 2008 (extended to Health Service Employees via Schedul	e 2
Applied provisions and rulings for health service employees under the Pu Service Regulation 2008); and/or	
o a formal review will occur four months from the date of my registration as employee requiring placement (unless initiated earlier), to determine whether it	an
appropriate to continue the transfer efforts. If it is determined that further efforts	
not appropriate, a retrenchment process will be commenced.	
Employee signature:	
Full Name: MARGE JOY SHERATON	
Date: 28th Fabruary, 2014	
Full Name: MARGE JOY SHERATON Date: 28 ⁷² February, 2014 Work Unit and Location: Barret Aleban, 16 ToThe Park Centre on Meril Her Return to:	M
Return to:	

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Government					Se	paration	Advic
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This form is to	be completed when you res	ilgn, retire or sep	arate from a posi	ition in Queensland	Health for some other reason	n.	ing at this fair
mployee Detail	lš ,	,		, , , ,			
Person ID		Per onnel as	signment numbe	er	Please Indicate (✓) here if	you work Ple	ase refer over l
Family name		First	name/s		In more than one (1) position Queensland Health.	tion in you	have ticked th
SHERATO	N	700	BREE				
Area code Con	stact telephone number		ile phone numbe	r			
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1007	1500	UMRH			WACOL		
esignation/Reti	***** **** *** * * * * * * * * * * * *	·					
ast date of employn	nent Please Indicate (<) y	our reason for le	aving employme	nt and attach any s	upporting documentation.		
9/3/2014	Resignation [Refrement	Other* (p	lease specify)	1ZER		
if taking up employ	ment in another Queensland	d Government o	rganisation, pies	se provide full datai	lls here.	***	
orwarding ddress	Address						
au, 633							
	Supuip				State	Pos	code
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If you have betw as per clause 7.4	veen seven (7) and ten (10) y 1.2 of HR Policy C38. To clair	ears continuous im this payment,	service, you may please indicate (be entitled to a cas here (read certif)	th equivalent payment of 'proceedings', carlon section carefully).	o rata' long service le	ave
sa Notification (where applicable)			1			- -
o you hold a Tempo	orary Business (Long Stay) Su	ibclass 457 visa?	Yes	No 🗍	<u> </u>		
he Department of aployment. Email :	Immigration and Citizensi address: <u>OLD Sponsor Mo</u> r	hip (DIAC) must <u>pitoring@immi</u> .	: be notified of ti .gov.su	his separation by e	mail within 10 working day	ys of the deta the e	nployee cease
paration Docur	nentation:Request						
ertain documents re	lated to your service record	or separation of	employment are	available upon req	uest. Please select from the o	-1111	<u> </u>
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Employees with Songurier to Employment Arri	ngemen	ts Only#			
*Refer to HR Branch Policy C47 Aggregated and Conc					
If you are employed in a concurrent employment arrange the first page of this form and are continuing employment relevant to that engagement will be paid to you unless o If you wish to have your accrued recreation or long service.	t in anothe herwise sp	r Job/s with Queensiand Hazith, a ecified on this form.	ny unused recreation and long	g service leave (whe	re entitled")
*Refer to the Payment of Unused or Pro Rate Long Set				in binains issessiff	Jejans Delow.
Transfer of Unused Recreation/Leave to Existin	a Engag	ement: 10 /2 /2 /2 /2 /2 /2 /2			
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