

THIS SHEET IS TO REMAIN ON TOP OF FILE

Checklist for Employees Requiring Placement employee file

Employee name: **Maree Sheraton**

Pin: [REDACTED]

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.)*

Document Name	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		
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).

(document linked to ERP Reports Database / Linked to Word: Closed File Checklist)

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Employee Requiring Placement: Decision Form

Mrs Maree Sheraton

I have been provided with a copy of:

- Directive 06/13: 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 provided in writing in a letter from **Lesley Dwyer, Chief Executive** dated **18/2/2014**.

☒ I wish to accept the voluntary redundancy offer and cease my employment with 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 Service 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, redundancy and retrenchment.

Have you received a severance payment from a previous employer, where this service has been recognised by your current employer?

Yes

☐

No

☒

OR

☐ I wish to decline the voluntary redundancy offer and pursue transfer opportunities. I understand that I must work co-operatively with my agency in seeking to secure a new 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 a disciplinary process; and/or
- o If I refuse a transfer direction on two occasions and cannot demonstrate reasonable grounds for refusal, my employment may be terminated in accordance with s134 of the Public Service Act 2008 (extended to Health Service Employees via Schedule 2 Applied provisions and rulings for health service employees under the Public Service Regulation 2008); and/or
- o a formal review will occur four months from the date of my registration as an employee requiring placement (unless initiated earlier), to determine whether it is appropriate to continue the transfer efforts. If it is determined that further efforts are not appropriate, a retrenchment process will be commenced.

Employee signature: _____

Full Name: MAREE JOY SHERATONDate: 28th February, 2014Work Unit and Location: Barnet Ashman, 76 Totter Park Centre for Mental Health

Return to: _____

WACOL

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Separation Advice

Privacy disclaimer:

The collection of personal information on this form is authorised under the Public Service Act 2008. Your personal information will not be disclosed to other parties without your consent unless required by law. Use of personal information on this form is restricted to those involved in the authorisation and processing of this form.

This form is to be completed when you resign, retire or separate from a position in Queensland Health for some other reason.

Employee Details

Person ID

Personnel assignment number

Please indicate (✓) here if you work in more than one (1) position in Queensland Health.

Please refer over if you have ticked this box.

Family name

First name/s

SHEATON

MAREE

Area code

Contact telephone number

Mobile phone number

(07)

Position Details

Position title

REGISTERED NURSE

Organisational unit number

Organisational unit name

Location

0071588

WMBH

WAGOL

Resignation/Retirement Details

Last date of employment

Please indicate (✓) your reason for leaving employment and attach any supporting documentation.

9/3/2014

☐ Resignation☐ Retirement☒ Other* (please specify)

VER

* If taking up employment in another Queensland Government organisation, please provide full details here.

Forwarding

Address

Address

Suburb

State

Postcode

Pro Rata Long Service Leave Payment

If you have between seven (7) and ten (10) years continuous service, you may be entitled to a cash equivalent payment of 'pro rata' long service leave as per clause 7.4.2 of HR Policy C38. To claim this payment, please indicate (✓) here (read certification section carefully).

Visa Notification (where applicable)

Do you hold a Temporary Business (Long Stay) Subclass 457 visa?

Yes

☐

No

☐

*The Department of Immigration and Citizenship (DIAC) must be notified of this separation by email within 10 working days of the date the employee ceases employment. Email address: OLD.Sponsor.Monitoring@immi.gov.au

Separation Documentation Request

Certain documents related to your service record or separation of employment are available upon request. Please select from the options below those documents that you require to be sent to you (these will be forwarded by mail to your forwarding address).

Service record (Confirmation of Employment)

☒

Centrelink Employment Separation Certificate

☒

Employee Certification and Signature

Claimed pro rata long service leave payment certification: I certify I am not resigning to undertake a position elsewhere (including self employment) for the purposes of career enhancement (i.e. generally indicated by an advancement in rank or position usually resulting in corresponding increase in responsibility and/or degree of difficulty in allocated tasks).

Employees with current overpayment repayment plans or outstanding transition loan payments: I understand that if either of these circumstances apply to me, the outstanding balances will be deducted from any entitlements due to me, including accrued leave entitlements, at the date of separation. Where the value of the outstanding balance is in excess of the total amount owing to me at termination, I understand I am required to repay the outstanding amounts to Queensland Health as soon as possible after the termination of my employment.

Employee's signature

Date

28/2/14

Line Manager's Certification and Signature

I certify that this employee has / has not (strike out whichever is not applicable) given the appropriate notice as required by their relevant Industrial award or agreement.

Line Manager's signature

Date

Area code

Line Manager's contact number

1/3/14

(07)

Line Manager's full name (please print)

Line Manager's position title

K. T. NING

A/NURSE MANAGER

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Separation Advice

Employee Reference

Person ID

Personnel assignment number

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The following section applies only in circumstances where you currently work in more than one job in Queensland Health and are permanently seeking to resign or retire from one (1) of those jobs.

Employees with Concurrent Employment Arrangements Only

*Refer to HR Branch Policy C47 Aggregated and Concurrent Employment

If you are employed in a concurrent employment arrangement (i.e. more than one engagement) and are separating employment from only the position indicated on the first page of this form and are continuing employment in another job/s with Queensland Health, any unused recreation and long service leave (where entitled) relevant to that engagement will be paid to you unless otherwise specified on this form.

If you wish to have your accrued recreation or long service leave transferred to your remaining engagement/s, please indicate (✓) and provide relevant details below.

*Refer to the Payment of Unused or Pro Rata Long Service Leave Section on the first page of this form.

Transfer of Unused Recreation Leave to Existing Engagement

Person ID

Please indicate (✓) here to transfer any unused recreation leave to the position whose details appear below. ☐

Personnel assignment number

Position title

Organisational unit number

Organisational unit name

Location

Transfer of Unused Long Service Leave to Existing Engagement

Person ID

Please indicate (✓) here to transfer any unused long service leave to the position whose details appear below. ☐

Personnel assignment number

Position title

Organisational unit number

Organisational unit name

Location

Processing Area Use Only

Processor's signature

Date

Reviewer's signature

Date

Processed fortnight ending