



## Voluntary Redundancy Application Form

Full Name	
Employee Number (on your e-payslip)	
Department	
Line Manager (Name)	
Hours of Work Per Week	
Days Worked if Fractional	
Department	
Campus	

I confirm that in submitting my application for Voluntary Redundancy I have fully read, understood and agree to comply with the terms and conditions detailed therein.

I also acknowledge that in submitting a request this does not mean it is automatically approved rather that the College may at its absolute discretion approve or reject my application and in either situation does not prejudice my continued employment in any way.

Signed By Applicant	
Date	

Please return the completed form by email to [vr@wlc.ac.uk](mailto:vr@wlc.ac.uk) by **(date)**.