

**Redeployment Checklist**  
**(To be completed by the HR Business Partner/Redeployment Co-ordinator during the initial discussion with the Employee)**

Employee Name:	
Redeployment Discussion Date:	
The HR Business Partner/redeployment co-ordinator to discuss the following with the Employee during the initial redeployment discussion	Tick When Done
Explain the redeployment process (The Policy, completing the redeployment proforma, support to employees, redeployment procedure and regular interim reviews)	
Provide a copy of the redeployment policy to the Employee	
Provide sufficient notice of the changes to the employee's role / job	
Explain the timescales involved in accepting / rejecting a reasonable / unreasonable redeployment opportunity	
Provide information on protection arrangements	
Advise of the effect of redeployment on terms and conditions of employment	
Advise of the effect of redeployment on the employee's pension	
Provide information on relocation / travel expenses	

**Authorisation**

**To be signed by Employee**

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print in block capitals)

**To be signed by the HR Business Partner/Redeployment Co-ordinator:**

\_\_\_\_\_  
Signature of the Redeployment Co-ordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print in block capitals)

Position \_\_\_\_\_

**Data Protection**

In line with The Data Protection Act 1998 all information contained on this form will be utilised only for redeployment purposes.

***HR use only***

Following receipt of this form from the employee please send this form to the HR Business Partner / Redeployment Coordinator, Central Offices.