

Redundancy Notice Form

Date:

Employee Name	<input type="text"/>
Job Title	<input type="text"/>
Employee Number	<input type="text"/>
Department	<input type="text"/>

Notice of Redundancy

Dear [Employee Name],

We regret to inform you that your position of **[Job Title]** in the **[Department]** department is being made redundant. This decision is effective as of **[Effective Date]**.

The reason for redundancy:

Your employment will terminate on:

Employee Rights and Entitlements

- Consultation Process:** You have the right to be consulted about this redundancy and its implications. Please contact HR for a meeting to discuss your situation.
- Notice Period:** You are entitled to receive notice in accordance with your contract and statutory obligations: .
- Redundancy Pay:** You may be eligible for redundancy compensation based on your length of service and company policy. Details will be provided separately.
- Alternative Employment:** We will seek to identify any suitable alternative roles within the organization and discuss these with you.
- Support:** You may access support services, such as career counseling or retraining programs. Contact HR for further information.
- Appeal:** If you believe the redundancy is not justified, you have the right to appeal this decision. Please submit your written appeal to HR within days.

Contact Information

Please contact **[HR Contact]** on **[Phone Number]** or **[Email Address]** if you have questions or need further support.

We thank you for your service to **[Company Name]** and wish you well for the future.

Authorized Signatory: _____

Date: _____

