



**ANNEX A - MUTUALLY AGREED RESIGNATION SCHEME – APPLICATION FORM**

<b>PART A: For completion by the employee</b>			
Assignment Number			
NI Number			
Full Name			
Job Title			
Service		Base Location	
Band / Grade		Date of Birth	
Contracted Hours		WTE	
NHS Start Date		Trust Start Date	
Gross Annual Salary:			
Preferred Contact Details:	Email:		
	Phone:		
	Address:		
I wish to apply for the Mutually Agreed Resignation Scheme. I understand that the information above will be validated, and the outcome of my application will be communicated to me in writing.			
Date:			
Signed:			



**ANNEX B**

<b>PART B: To be completed by Line Manager</b>	
<b>Details required of how recurrent cost savings can be made through skill mix / redeployment:</b>	
<b>1. Why is the employee being considered for voluntary severance?</b>	
<b>2. Savings to be delivered as a result of agreeing a MARS payment? (recurrent and non-recurrent)</b>	
<b>3. Voluntary severance costs – what will the severance payment amount to?</b>	
<b>4. Does this application create an opportunity for another displaced member of staff?</b>	
<b>I do / do* not support this application.</b>	<b>Reason:</b>



(* delete as appropriate)	
Signed:	Line Manager
Signed:	Executive Director
Date:	

PLEASE FORWARD ALL COMPLETED FORMS TO THE DEDICATED INBOX:  
[EEASTMARS@eastamb.nhs.uk](mailto:EEASTMARS@eastamb.nhs.uk)

<p><b>Authorisation from Manager</b></p> <p>This application has / has not been approved.</p> <p>Name: _____</p> <p>Job Title: _____</p> <p>Signed: _____</p> <p>Date: _____</p>
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**For Completion by Resourcing / HR Support Services Team**

Basic  Annual  Salary:		Organisation  Start Date:	
MARS Payment Calculation:	Leaving Date:	Completed Years:	
<p>Completed by:</p> <hr/> <p>Date:            -</p> <hr/>			