## Relinquish from position

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| Please use this form in conjuction the [Relinquish from position](https://ppr.mpe.qed.qld.gov.au/pp/relinquish-from-position-procedure) procedure. |
| **Employee name** |  | **Employee number** |  |
| **Substantive position:** (details of the employees current permanent position) |
| **Position title**  |  | **Position number** **(N/A for school positions)** |  |
| **Classification** |  | **Unit/school** |  |
| **Branch/region** |  |
| **Reason for relinquishing** |  |
| **NEW substantive position:** (details of the position the employee is relinquishing to) |
| **Position title**  |  | **Position number** **(N/A for school positions)** |  |
| **Classification** |  | **Unit/school** |  |
| **Branch/region** |  |
| **Employee signature** | * I agree to relinquish from my substantive position and classification.
* I agree that my new substantive position and classification is as detailed above.
* I understand there is a 14 day cooling off period.
* I understand that I may apply through a merit based process for any positions in the future.
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|  | **Date** |  |
| ***The request should remain with the principal / manager as the employee must be provided with a 14 day cooling off period.*** |
| **Supervisor Endorsement:** (*principal / assistant regional director / manager*):Is this employee under formal investigation or involved in a Managing unsatisfactory performance process. **YES** [ ]  **NO** [ ]  |
| **Name** |  |
| **Position** |  |
| **Signature** |  | **Date** |  |
| **HR Delegate Approval:** *(regional director / director, talent unit)*[ ]  **Approved** [ ]  **Not approved** |
| **Name** |  |
| **Position** |  |
| **Signature** |  | **Date**  |  |
| *At the end of the 14 day cooling off period send endorsed form to Talent Unit:* For **classified teaching positions** email RecruitmentTeaching.HUMANRES@qed.qld.gov.auFor **all other employees** email Recruitment.HUMANRES@qed.qld.gov.au  |