

**Request to engage agency staff**

Please refer to the “Request to Engage Agency Staff guidance notes” when completing this form.

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| **School / Service:** |       |
| **Requested by:** |       | **Ext. No.:** |       |
| **Job Title:** |       |

***Details of the request***

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| --- | --- |
| **Job Title:** |       |
| **Grade:** |    | **Hours Per Week:** |    | **Number of Staff:** |       |
| **Dates required:**  | **From:** |       | **To:** |       |
| \*Please refer to the guidance note for details regarding appropriate time periods for usage |
| **Is this an existing role within the School / Service?*****\*(If no please note that the role may need to be evaluated before your request can be considered).*** | [ ]  Yes[ ]  No |
| **Is this an extension to a previous agency request?** | [ ]  Yes[ ]  NoReference Number: Click or tap here to enter text. |

***Reason for agency staffing (Please select one option)***

|  |  |
| --- | --- |
| [ ]  | To provide temporary cover until permanent vacancy filled.Please provide Monitoring Reference Number: R      ***\*(Please note that the request will not be considered unless the monitoring has been approved)*** |
| [ ]  | Provide cover for temporary increased activity / demand.Please provide the reasons for the increased activity / demand:       |
| [ ]  | To work on a temporary short term task / projectPlease provide details of the temporary short term task or project:       |

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| **I confirm I have explored all other options for cover including contacting careers and employability** | [ ]  Yes[ ]  No |

**Please provide full details in the box below why the cover cannot be managed within existing resources through redistribution of duties, reallocation of priorities or overtime and why other options including consideration of a fixed term contract is not appropriate. (Please note if no details are provided the form will be returned).**

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I support this request and confirm that all reasonable alternatives in managing this in-house have been pursued.

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|  | **Signature** |  | **Print Name** |  | **Date** |
| Dean/Director: |  |  |       |  |       |

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***HR Use Only***

|  |  |
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| **Approval Given** | [ ]  Yes [ ]  No |

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| --- | --- | --- | --- | --- | --- |
|  | **Signature** |  | **Print Name** |  | **Date** |
| HR Manager: |  |  |  |  |  |

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| **Reference Number Assigned:** | A | **Date sent to Taskmaster** |  |
| **Taskmaster Filled?** | [ ]  Yes [ ]  No |

|  |  |
| --- | --- |
| Agency Database |  |
| Emailed Agency |  |
| Emailed Department |  |

***\*Please attach copy of email instruction***