esu logo BY

**Staff Needs Request Form**

**Details of Request**

|  |  |
| --- | --- |
| Post |  |
| Type of request (new post, salary increase, training request etc) |  |
| Staff Member |  |
| Length of Service |  |
| Department |  |
| Current Salary and Point/Grade |  |
| Proposed Salary and Point/Grade |  |
| Line Managed by |  |
| Working Pattern – FT/PT\*/TTO\*/PERM\*/PROB\*/FIXED TERM\* |  |
| \*If P/T Hours per week |  |
| \*No of weeks per year |  |
| Details |  |
| Budget Salary codes/splits |  |
| Date of Commencement |  |
| Up to date Job Description attached |  |
| Financial Implications |  |
| Physical Implications & Cost (e.g. IT, desks) |  |

**Reason for request (max 500 words)**

**Benefits to Union: (max 200 words)**

**Additional Information/ Impact to organisation (max 200 words)**

By completing a staffing needs form I confirm that I have the support of a Director in making the request and will commit to working pro-actively with the HR team to meet required deadlines.

Proposal completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

Signature of Proposer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of supporting Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
   
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Director of Finance Comments**:

Signature: Date:

**Decision by Staffing Comments**

|  |  |
| --- | --- |
| Approved |  |
| Declined |  |
| Deferred |  |

Signed by Chair of Staffing: Date:

**HR Action Comments**

|  |  |
| --- | --- |
| Staff Member advised |  |
| New Contract Issued |  |
| Systems Up-dated i.e. HR/Simply Pers |  |
| Communicating Change i.e. Staff Updates/Teamtalk |  |

Process completed: Date: