**STAFFING COMMITTEE REQUEST**

**NB**. The Staffing Committee can only consider fully completed forms, submitted with all relevant attachments.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **Post Details** | | | | | | |
| **Job Title:** |  | | | | | |
| **Grade:** |  | | | 🞏 Proposed  🞏 Confirmed by HR | | |
| **Site:**  (e.g. Eagle) |  | | | | | |
| **Reporting to:**  (Name and Job Title) |  | | | | | |
| **Status of Post:**  (Please Tick) | 🞏 New Post  🞏 Replacement | | | 🞏 Fixed-Term Contract Extension  🞏 Re-Grade | | |
| 🞏 Permanent  🞏 Fixed-Term | | | 🞏 Full Time  🞏 Part Time | | |
| If Fixed-Term: | | | | | |
| Duration: |  | | End Date: |  | |
| If Part-Time: | | | | | |
| FTE: | |  | | | |
| Working Pattern: | |  | | | |
| **Disclosure and Barring Service (DBS):** | Does the post holder require a DBS check?  Please follow the link below to inform your decision: | | | | | |
| *(Please note this information currently being finalised however, your HRBP and/or Student Services will be able to provide some steer at this stage)* | | | | | |
| 🞏 Standard  🞏 Enhanced  🞏 Enhanced (Check against Children’s Barred List)  🞏 Enhanced (Check against Adults’ Barred List)  🞏 Enhanced (Check against Children’s and Adults’ Barred List) | | | | | 🞏 None Required |
| **Funding for the Post:** | Cost Centre: | | | Internal/External Funding:  🞏 Internal  🞏 External | | |
| **If external, please specify source of funding:** |  | | | | | |
| **Proposed Date of Commencement:** |  | | | | | |
| **Name of outgoing post holder (if a replacement post):** |  | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Business Case and Justification for the Post** | | | | |
| Why is the role/change to the role required? Please outline the impact of the role operationally or on the student experience and the consequences if the role is not filled. Please also outline the alternatives considered and why they were not suitable. (Please provide a full statement and business case of the reason for the role so that the Staffing Committee has all the necessary information in order to make an informed decision). | | | | |
|  | | | | |
| Is there capacity within the existing team/wider University with the specific skills to undertake this work? Please provide details: | |  | | |
| If this request is for an academic member of staff, please provide a copy of the appropriate **work load allocation model**. 🞏 Attached 🞏 N/A | | | | |
| Extract of the **School/Service local plan** in support of this request  🞏 Attached 🞏 N/A | | | | |
| Please provide a **full organisation chart** clearly showing any new or replacement posts to include employee names, job titles, grade and FTE. 🞏 Attached | | | | |
| Job Description and Person Specification. 🞏 Attached | | | | |
| Does your **HR Business Partner** support this proposal having reviewed all relevant documentation? | | | 🞏 Yes | 🞏 No |
| **Head of School/Department:** | Name: | | Job Title: | Date: |
| **Executive Director Approval:** | Name: | | Job Title: | Date: |
| **Executive Director Comments** (an email attachment may also be provided): |  | | | |
| **Decision of Staffing Committee:** | Approved: | | Deferred: | Rejected: |
| **Comments:** |  | | | |