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| A close up of a logo  Description automatically generated | **Human Resources**    **Request for “Acting Up” Allowance** |

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| **School/Service** | |  | | | | | | | **Contact for Queries:** | | | | |  | | | | | | | |
| **Who are you needing to provide cover for?** | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | | | **Job Title** | | | | | | | | | | | | **Grade** | | | **FTE** |
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| **Please provide details of why the cover cannot be managed within existing resources through redistribution of tasks, reallocating priorities etc.** | | | | | | | | | | | | | | | | | | | | | |
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| **Who will be providing cover?** | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | | | **Current Job Title** | | | | | | | | | | | | **Current Grade** | | | **FTE** |
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| **What will their job title be during the period of Acting Up:** | | | | | | | | | | | | |  | | | | | | | | |
| **Dates for Cover** | | | | | | | | | | | | | | | | | | | | | |
| **From:** | | |  | | | | | | | **To:** | | |  | | | | | | | | |
| ***Where an initial acting up period exceeds 6 months in total a ‘Request to Appoint’ monitoring form should be submitted in place of this form***. | | | | | | | | | | | | | | | | | | | | | |
| **Is this request to extend an existing period of acting up?** | | | | | | | | | | | | | | | | | | | | | |
| **Yes**  **No** | | | | | | | | | | | | | | | | | | | | | |
| ***Please contact your HR Manager in the first instance if this extension will take the initial acting up period over 6 months.***  ***If the previous acting up request was submitted through monitoring an ‘Extension, Increase or Conversion’ monitoring form should be submitted in place of this form.*** | | | | | | | | | | | | | | | | | | | | | |
| **Is the cover full time or part time?** | | | | | | | | | | | | | | | | | | | | | |
| **Full Time**  **Part time** | | | | | | | | | | | | | | | | | | | | | |
| **If part time, please confirm the hours and weeks per year:** | | | | | | | | | | **Hours per week** | | | | | |  | | | | | |
| **Weeks per year** | | | | | |  | | | | | |
| **What will the working pattern be during the acting up period?**  Please provide the working pattern for this request *(enter the number of hours to be worked each day – N.B. 7.4 is a standard day, 3.7 is a standard half day)*: | | | | | | | | | | | | | | | | | | | | | |
| **MON** | **TUES** | | | | **WEDS** | | | **THUR** | | | | **FRI** | | | | | **SAT** | | | **SUN** | |
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| **Will they be covering all of the duties?** | | | | | | | | | | | | | | | | | | | | | |
| **Yes**  **No** | | | | | | | | | | | | | | | | | | | | | |
| **If no, has a list of duties been submitted and evaluated in accordance with the University’s Job Evaluation Scheme?** | | | | | | | | | | | | | | | | | | | | | |
| **Yes, the Grade was approved at** | | | | | | |  | | | | | | | | | | | | | | |
| **No** | | | | | | | You will need to complete this stage before your request can be considered. | | | | | | | | | | | | | | |
| **Cost Centre** | | | | | | | | | | | | | | | | | | | | | |
| **Please confirm the salary cost centre for the duration of the acting up period:** | | | | | | | | | | |  | | | | | | | | | | |
| **Line Management** | | | | | | | | | | | | | | | | | | | | | |
| **Who will be their manager during this period of acting up?** | | | | | | | | | | | | | | | | | | | | | |
| **Name** |  | | | | | | | | | | | | | | | | | | | | |
| **Job Title** |  | | | | | | | | | | | | | | | | | | | | |
| **Does the employee manage staff in their substantive role?** | | | | | | | | | | | | | | | | | | | | | |
| **Yes**  **No** | | | | | | | | | | | | | | | | | | | | | |
| **Will the employee manage staff during this period of ‘acting up’?** | | | | | | | | | | | | | | | | | | | | | |
| **Yes**  **No** *Please go to the Authorisation Section* | | | | | | | | | | | | | | | | | | | | | |
| **Please list the reportees for each role in the boxes below. This helps to ensure that the system is as accurate as possible.** | | | | | | | | | | | | | | | | | | | | | |
| **Substantive Role Reportees** | | | | | | | | | **Acting Role Reportees** | | | | | | | | | | | | |
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| **Who will these individuals report to during the acting up period?** | | | | | | | | | **Who will these individuals report to at the end of the acting up period?** | | | | | | | | | | | | |
| **School/Service Authorisation** | | | | | | | | | | | | | | | | | | | | | |
| I support this request and confirm that all reasonable alternatives in managing this in-house have been pursued. | | | | | | | | | | | | | | | | | | | | | |
| **Signed Dean/Director:** | | | |  | | | | | | | | | | | **Date:** | | | |  | | |
| **Print Name:** | | | |  | | | | | | | | | | | | | | | | | |

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| **For HR Use Only** | | | |
| **Approval given?** | | | |
| **Yes**  **No** | | | |
| **Reasons:** |  | | |
| **Signed HR Manager:** |  | **Date:** |  |
| **Print Name:** |  | | |

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| **Line Manager Changes actioned** |  |
| **System Changes actioned** |  |
| **HRO Initials** |  |