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

|  |  |  |  |
| --- | --- | --- | --- |
| **School/Service** |       | **Contact for Queries:** |       |
| **Who are you needing to provide cover for?** |
| **Name** | **Job Title** | **Grade** | **FTE** |
|       |       |       |       |
| **Please provide details of why the cover cannot be managed within existing resources through redistribution of tasks, reallocating priorities etc.** |
|       |
| **Who will be providing cover?** |
| **Name** | **Current Job Title** | **Current Grade** | **FTE** |
|       |       |       |       |
| **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** |
|       |       |       |       |       |       |       |
| **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** |
|       |       |
| **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:** |       |

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

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