

Hours

0.00

Grade

Establishment Control Form Releasing A Vacancy

For Office Use Only ECF Ref: 25 0804

SCP

3

Use this form to fill a vacant established post including apprentices or agency staff.

The Establishment Control Form Process Steps:

- Managers must complete Parts 1 and 2 of the form and submit to Cor@sefton.gov.uk
- At the start of the ECF process, a reference number will be sent to you by HR, this EC ref number must be quoted if you need to follow up on progress during the process.
- Corporate HR, Operations Team, will check the form this will then be sent on to Finance.
- Einance must check details and complete any missing cost fields, if the form is approved by Finance, it will pass on to the Executive/Assistant Director of the Service for approval.
- The Executive/Assistant Director must review and consider for approval. Returning the completed form to the EC Team.
- If there are any queries during the process, you may contact HR who track the process.
- You will be notified if the form is rejected, this will include any reasons given by Finance or the Executive/AD.
- Dnce approved, notification will be sent to you by Establishment Control.

IMPORTANT: Please use a new ECF form for each new submission. DO NOT save and overtype old ECF forms.

Please note - ALL sections of this form must be completed

Answer each of the questions highlighted below by clicking on the select boxes and selecting the answer from the drop down lists. Once an answer has been selected the highlighted areas will revert to white.

PART ONE										
Assistant Directo	r /Executive	Director	Melanie Ormesher							
Service Commu	nities		Bootle Leisure Centre							
Recruiting Manag	ger/Author I	Name	Nicola Keatley							
Recruiting Manag	Number	30 3301 Date: 13.03.25								
Employmee State	us	Post Service Con	ditions	If approve	If approved who is the Line Manger					
Sefton		Local Gov (NJC)		Nicola Keatley						
Sometimes additional information is required for staff on some contracts, e.g. Soulbury, HAY etc Establishement Control will contact you, the recruiting manager, directly if this is the case.										
Reason for Releasing the vacancy.										
(Be as clear, precise and as brief as possible. A maximum of 1000 characters are available)										
Due to the demands of the service and in preparation for the summer holiday period, we would like to fill the post of casual leisure attendant (s) to cover the role of a lifeguard working on the pool, as and when basis due to sickness, holidays, etc.										
We request that the ECF and post number is open ended/ongoing advert for 12 months as these posts are required to operate successfully and on a continual basis, allowing us to assign numerous casual staff to this post.										
Previous ECF Ref 24 0169 – Expired – 28.01.2025										
Name of Previo	ous Role Hol	der if applicable								
Term of post:			If temporary	fixed term end	date :					
Position No:		Pos	n Title: Leis	: Leisure Attendant						
Posn Location	Bootle leisu	re centre	Position	Allowances	Please S	elect				

PART TWO - For Additional advice contact your Finance Officer BEFORE completing this section.												
If approving this ECF will have an impact on the Gross Post Budgeted Hours of another Post, please explain												
this in the text box below.												
Expenditure Code HS05												
Full Explanation of Funding Source. I.E. Central/Core/External funding etc												
based on 1fte												
Current Year	25/26	£29,66	6.00	Will any additional Savings be made?								
Next Year	na	na		If Yes	If Yes , amount?							
Top of Grade	na	na										
Is a change to the Gross Post Budgeted Hours required?												
New Gross Post		Reason	Reason									
Effective Date of Hours Change If Temporary, What is the end date?												
Authorisations:												
Decision of Fina	nce											
Print Name R H	ampson			Date		17/04/2025						
Approval	✓ Approved		Not Approved	t		B: The Finance officer mus						
Signature expenditure codes and costs are fully identified before sending on to the AD for their approval												
Reason for rejection												
·												
Decision of Exec	cutive/ Assista	nt Director	r of Service									
Print Name ME	L ORMESHER			Date								
Approval	✓ Approved		Not Approv	ed								
]								
Signature ME	LORMESHER											
Peason for roise	tion			J								
Reason for rejec	tion											
For Office Use O	nly:											
Approved	Yes	ate	30 04 25			Post Number	POST007939					
PART THREE - Establishment Control to complete with any additional information for THR												
THR / Payroll Instruction:												
Vacancy Release position numbers: POSN407469, POSN010992, POSN403174, POSN408472, POSN407735												