

Establishment Control Form

Releasing A Vacancy

For Office Use Only ECF Ref: 25 1038

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.

• Enance 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 D	irector		Michelle Williams							
Service Operation	Section Mobile Patrol Team										
Recruiting Manag	ger/Author Na			Joanne Alty							
Recruiting Managers Contact Number				151	519344541 Date: 29/04/2025						
Employmee Statu	us Post Service Co			litions	If approved who is the Line Manger						
Sefton	Local Gov (NJC)			Sue Mooney							
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)											
Some of the current casual staff have advised that they are unable to fulfill some of the hours we require due to											
other commitments. The casual staff support the service on an ad hoc basis to cover leave and sick absence as and											
when service requires. In order to maintain KPIs and current SLAs we need to increase the number of Casual staff we have available to support the service, particularly as the summer period is about to commence.											
we have available	e to support t	ne service, p	barticu	larly as the	summer perio	o is about	to con	nmence.			
Name of Previous Role Holder if applicable Various											
Term of post:	Permanent			If tempora	y fixed term	end date :					
Position No:	Various		Posi	n Title: Pa	trol Officer						
Posn Location	Sefton ARC			Positic	n Allowance	5 N/A	4				

Hours	0.00	Grade		В		SCP	2				
PART TWO -	For Additional adv	vice c ontact your F	inance Of	ficer 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 SS06										
Full Explanation of Funding Source. I.E. Central/Core/External funding etc											
Core staffing budget. ECF is approved on the basis that overall costs for casual staff will not increase as agreed with											
Steve Dwyer 13/05/25. Costs cannot be quantified below due to casual hours being worked as required.											
Current Year	2025 - 2026			Will any additional Savings be made? No							
Next Year	2026 - 2027			If Yes , amount?							
Top of Grade	e 20?? - 20??										
Is a change t	o the Gross Post B		quired?	No	If Yes, P	ost Number:	N/A				
New Gross	Post Budgeted Ho	urs N/A		Reason							
Effective Dat	te of Hours Change	e N/A		If Tempora	ry, What is th	e end date?	N/A				
Authorisatic	ons:										
Decision of Finance											
Print Name	Kate Payne			Date	14/05/2025						
Approval	Approved	🗆 Not	Approved			e officer must e					
Signature	K Payne					des and costs a e sending on to					
	,				eir approval	Ŭ					
Reason for rejection											
Decision of	Executive/ Assista	nt Director of Ser	vice								
	Michelle Williams			Date	21.05.25						
Approval Approved Not Approved											
Signature mutulov 8.											
Reason for re,											
For Office Us	se Only:										
Approved	Yes	Date 22/0	05/2025		Post Numbe	r	POST018381				
PART THREE	- Establishment C	ontrol to complet	e with any	/ additional ir	nformation fo	or THR					
THR / Payroll Instruction:											
Please contact EC for POSN numbers as an when required.											