**This form is only to be used for current Sefton employees who are moving into a new position on a temporary basis and will then be returning to their substantive position. NOT to be used for new staff or fixed term posts.**

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| **Request for Acting up /Secondment –**  **If an employee is appointed to temporarily undertaking the full duties and responsibilities of a higher graded or same graded post.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ECF Reference Number | | | | | | |  | | | POST Number | | | | | | | | | | | |  | | | | |
| Reason for Acting up arrangement: | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Effective from date: | | | | |  | | Hours in Acting up/ secondment role. | | | | | | | | |  | | | | | | | | | | |
| Employee Number | |  | | | | Current Job Title: | |  | | | | Current Grade | | | | | |  | | | | | Current SCP | | |  |
| Acting up into Position Number | |  | | | | Acting Job Title: | |  | | | | Acting Grade | | | | | |  | | | | | Acting Up SCP | | |  |
| Provide the @Sefton.gov.uk Email which already exists for this person | | | | | | | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | End date of Acting up/secondment | | | | | | | | | | | | |  | | | | | | |
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| **Appointee Details:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Successful Candidate Name: | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Postal Address: | | | | | | |  | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | |
| Personal Email Address: | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| If the candidate is not starting at the bottom SCP, please explain why: | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Will the applicant have direct reports and will access to Manager Self Service be required? | | | | | | | Yes | | | | |  | | | No | | | | | |  | | | | | |
| Please list staff names at the end of this form | | | | | | | | | | | | | | | | | | | |
| Please attach a separate list to identify, by name, all immediate direct reports of the appointee | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6-month monitoring period | | | | | | | Yes | |  | | | | | No | | | | | | | | | |  |  | |
| Reference Required | | | | | | | Yes | |  | | | | | No | | | | | | | | | |  |  | |
| Please specify referee: | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| If a DBS is required, would you like Central Changes to apply for this?  Please note, it is a manager’s responsibility to ensure the renewal of all DBS’ for their team. | | | | | | | Yes | |  | | | | | No, I will apply for the DBS myself | | | | | | | | | |  |  | |
| Any special requirements: | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| TEACHERS PENSION ONLY | | | | | | | FSS | |  | | | | | CARE | | | | | | | | | |  |  | |
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| **Line Manager / Recruitment Panel** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Line Manager Name & Job Title | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Line manager Contact details: 🕿 | | | | | | |  | | Email 🖰 | | | | |  | | | | | | | | | | | | |
| Recruitment Panel Member Names: | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **HR Representative** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | |  | | | | | | | | | | Date | | | |  | | | | | | | | | | |
| Telephone 🕿 | |  | | | | | Email 🖰 | | | | |  | | | | | | | | | | | | | | |
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|  | **Direct Reportees** | | | | | | | | | |  | | | | | |  | |  | | | | |  | | |
| Full Name | | |  | | | | | | | | | | Employee Number | | | | | | | | | | |  | | |
| Full Name | | |  | | | | | | | | | | Employee Number | | | | | | | | | | |  | | |
| Full Name | | |  | | | | | | | | | | Employee Number | | | | | | | | | | |  | | |
| Full Name | | |  | | | | | | | | | | Employee Number | | | | | | | | | | |  | | |
| Full Name | | |  | | | | | | | | | | Employee Number | | | | | | | | | | |  | | |
| Full Name | | |  | | | | | | | | | | Employee Number | | | | | | | | | | |  | | |
| Full Name | | |  | | | | | | | | | | Employee Number | | | | | | | | | | |  | | |