**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 |  |
|  |  |  |  |
| **Appointee Details:** |
| Successful Candidate Name: |  |
| Postal Address: |  |
|  |
|  |
| 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 | [ ]  |  |
|  |  |  |  |  |  |
| **Line Manager / Recruitment Panel**  |
| Line Manager Name & Job Title |  |
| Line manager Contact details: 🕿 |  | Email 🖰 |  |
| Recruitment Panel Member Names: |  |
| **HR Representative**  |
| Name |  | Date |  |
| Telephone 🕿 |  | Email 🖰 |  |
|  |  |  |  |
|  | **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  |  |