**Delegated Staffing Request  
For all temporary positions (less than 12 months) or replacement positions that are Grade 6 or below and where the cost is within recurrent budgets**

If the request is for a fully Externally Funded post please do not use this form.

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| **SCHOOL/DIRECTORATE NAME:**  **REFERENCE (if needed):** |

**Position:**

**Replacement:** please provide the name of the Previous Postholder:

(n.b. no **new** posts can be approved by this route – use PRG form)

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|  |

**Position Title:**

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**Effective From:** XX/XX/XX **Expected End Date:** XX/XX/XX **Grade:** X

**Full time or part time position?** Full Time  Part Time

**If part time, how many hours of work?** X Hours/FTE

**Job Details**

**Organisational Unit**

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**Work Location**

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**Reports to (Position)**

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**Finance & Funding Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Project** | **Project Type** | **Budget Group** | **Fund Source** | **Budget Centre** | **Nominal** |
|  |  |  |  |  |  |

*To be verified by Finance Business Partnering*

**Is the post budgeted?** Yes  No

**Explain how this change will impact Finances. For example, how will School/Directorate pay savings targets be delivered?**

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**Senior/ Finance Business Partner Comments:**

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| **Name : Date:** |

**For temporary positions only: cost and any mitigating savings MANDATORY**Example: Staff member on long term sickness absence so reduced pay cost will offset some backfill cost – set out costs and saving below.

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| This financial year £ Next financial year £ |

**People Review**

**People Business Partner Comments:**

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| **Name: Date:** |

**Operational Information (non-financial)**

Please state the reason why the post is required and a brief description of the work that the post holder will undertake. Outline the potential risk if the appointment is not made. Explain why the functions of this role could not be absorbed within the existing staffing complement across the School/Directorate.

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**Authorisation for Request**

Dean or Director

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Date:

*Please email this completed form to* [*PRG@dundee.ac.uk*](mailto:PRG@dundee.ac.uk)*, copying in both your People Business Partner and Finance Business Partner.*

*Decision of approval/rejection will be notified via email by PRG admin.*

**SVP/COO Decision**

Outcome and comments

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PRG Secretary signature

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Date:

**People Admin**

*To be completed by People if post approved.*

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| --- | --- |
| **Position Number:** |  |
| **Position Title:** |  |
| **Position Profile:** |  |
| **Job Evaluation Role Code (where applicable):** |  |
| **Position Added to Hierarchy:** |  |