

RHONDDA CYNON TAF COUNCIL SECONDMENT REQUEST

* Please complete all sections

Group:			Service Area:		
Name:		·	Pay No	•	
Substantive Post:		Seconded Post:			
Grade:		Grade:			
Period of secondm (including start dat					
Review date:					
Cost Centre:	No of Hrs:				
Reason for Secondment:					
Line Manager:					
Signature:		Date	:		
Name:					
Divisional Director/Head of Service					
Signature		Date	:		
Name			·		
HR Manager					
Signature:		Date	:		
Name:		Date	:		