**Increase to budgeted hours and / or positions**

**RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL**

***ALL* DETAILS TO BE CHECKED BY HR OFFICER PRIOR TO FORWARDING FOR ACTION**

|  |  |
| --- | --- |
| **NAME OF SERVICE MANAGER MAKING REQUEST:** |       |
| **POST REFERENCE:** | POST      (6 digits) |
| **POST TITLE:** |       |
| **POST GRADE:** |       |
| **DEPARTMENT:** |  |
| **DIVISION:** |       |
| **SECTION:** |       |
| **SUBSECTION:** |       |
| **CURRENT BUDGETED HOURS:** |       |
| **NEW BUDGETED HOURS:** |       |
| **NUMBER OF NEW POSITIONS:**  |       |
| **POSITION TITLE:**(If different from Post Title) |       |
| **POSITION LOCATION:**(If different from Post Location) |       |
| **‘REPORTS TO’ POSITION REF:** | POS      (9 digits) |
| **REPORTS TO’ MANAGER NAME:** |       |
| **EFFECTIVE DATE OF INCREASE:** |       (DD/MM/YY) |
| **EXPECTED END DATE OF POSITION:**(Temporary and Ext Funded Posts only) |       (DD/MM/YY) |

 **REASON FOR INCREASE:**

In addition, if the increase is a result of another post being Disestablished or Reduced please state this along with the post and postition reference number and Title of the post/s being Disestablished / Reduced and ensure that the relevant proforma is also completed

***ALL* DETAILS TO BE CHECKED BY HR OFFICER PRIOR TO FORWARDING FOR ACTION**

|  |  |
| --- | --- |
| Name of HR Officer undertaking check |  |
| Date of Change Control Panel |       (DD/MM/YY) |
| **HR Comments:** |

## iTRENT Support Team Only

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| --- | --- |
| New Position Reference/s | **POS****POS****POS****POS** |
| Actioned by: |  |