**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: |  |