**INCREASE TO FTE POSITIONS AVAILABLE**

**RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL**

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| **NAME OF SERVICE MANAGER MAKING REQUEST:** |       |
| **POST REFERENCE:** |       |
| **POST TITLE:** |       |
| **DEPARTMENT:** |  |
| **DIVISION:** |       |
| **SECTION:** |       |
| **SUBSECTION:** |       |
| **CURRENT FTE POSITIONS / HOURS AVAILABLE** |       |
| **NEW FTE POSITIONS / HOURS AVAILABLE** |       |
| **EFFECTIVE DATE OF INCREASE DD/MM/YY** |       |

 **REASON FOR FTE INCREASE:**

In addition, if the increase is a result of another post being Disestablished or Reduced please state this along with the post reference number and Title of the post/s being Disestablished / Reduced and ensure that the relevant proforma is also completed. Ie Disestablishing Post or Reduction to FTE positions available

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| --- | --- |
| **EVIDENCE OF AUTHORISATION PROVIDED FROM:** |  **SERVICE DIRECTOR** **[ ]**  **HEAD OF FINANCE** **[ ]**  |

***ALL* DETAILS TO BE CHECKED BY HR OFFICER PRIOR TO FORWARDING TO VISION TEAM**

|  |  |
| --- | --- |
| NAME OF HR OFFICER |  |

## VISION TEAM USE ONLY

# VISION UPDATED DATE: