POST CREATION PROFORMA

**RHONDDA CYNON TAFF COUNTY BOROUGH COUNCIL**

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

|  |  |
| --- | --- |
| **NAME OF SERVICE MANAGER MAKING REQUEST:** |  |
| **DEPARTMENT:** |  |
| **DIVISION:** |  |
| **SECTION:** |  |
| **SUBSECTION:** |  |
| **DATE POST TO BE CREATED FROM:** | (DD/MM/YY) |
| **POST TITLE:** |  |
| **POST FTE HOURS:** |  |
| **TOTAL BUDGETED HOURS AVAILABLE:** (Decimal) |  |
| **COST CENTRE: (INC STAFF CAT)** |  |
| **GRADE/SCALE:** |  |
| **NUMBER OF POSITIONS REQUIRED:** |  |
| **EXPECTED END DATE:**  (Temporary or Ext Funded Post Only) | (DD/MM/YY) |
| **REPORTS TO POSITION REFERENCE:** | POS |
| **REPORTS TO POSITION TITLE:** |  |
| **DOES THIS POST REQUIRE DBS CHECK:** |  |
| **LOCATION:** |  |
| **WELSH LANGUAGE ABILITY REQUIRED** |  |
| **POST CONTRACT TYPE:** |  |
| **REASON FOR POST CREATION:**    *Please state if post creation is as a result of disestablishment or reduction in FTE of another post and ensure that* ***all*** *relevant proformas are complete* | |

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

**To be completed by HR Officer carrying out checks**

|  |  |
| --- | --- |
| Name of HR Officer undertaking check: |  |
| Date of Change Control Panel: | (DD/MM/YY) |
| Has this post been job evaluated? (Non Teaching Posts Only) | **YES**  **NO** |
| If no please state why: | |

|  |  |
| --- | --- |
| **Is this post externally funded?** | **YES**  **NO** |
| **If yes, are all funding details attached?** | **YES** |

|  |  |
| --- | --- |
| **Is this post an expense authoriser post?** | **YES**  **NO** |

|  |
| --- |
| **HR Comments:** |

**iTRENT Support Team Only**

|  |  |
| --- | --- |
| Name of Officer who created Post |  |
| Is this a Casual Post | **YES**  **NO** |
| If Yes has Working Pattern been updated? | **YES** |

|  |  |
| --- | --- |
| **Is this an expense authoriser post?** | **YES**  **NO** |
| **If yes, has the position been added to the workflow?** | **YES** |

|  |  |
| --- | --- |
| New Post Reference | **POST** |
| New Position Reference/s | **POS**  **POS**  **POS**  **POS** |

|  |
| --- |
| **iTrent Comments:** |

**FUNDING INFORMATION**

***WHEN IS FUNDING DUE TO CEASE?***

Is Funding Indefinite? **YES**  **NO**

If no, please state date funding is due to cease

***HOW IS THE POST FUNDED?***

Percentage of the post funded internally

Percentage of the post funded externally

Percentage of the post not funded

**Total**

**EXTERNAL FUNDING PROVIDERS:**

# FUTHER INFORMATION:

Please enter any further information about funding for this post eg percentage split of funding provider