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