**REDUCTION TO FTE POSITIONS AVAILABLE**

**RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL**

|  |  |
| --- | --- |
| **NAME OF SERVICE MANAGER MAKING REQUEST** |       |
| **POST REFERENCE:** |       |
| **POST TITLE:** |       |
| **DEPARTMENT:** |  |
| **DIVISION:** |       |
| **SECTION:** |       |
| **SUBSECTION:** |       |
| **PLEASE STATE NUMBER OF FTE’S OR HOURS THE POST IS TO BE REDUCED BY:** |       |
| **EFFECTIVE DATE OF REDUCTION****DD/MM/YY** |       |
| **REASON FOR REDUCTION IN FTE / HRS:**     *In addition, if the reduction is a result of another post being increased or created, please state this along with the post reference number and title of the post/s being increased / created and ensure that the relevant proforma is also completed ie Post Creation or Increase to Positions Available.* |
| **EVIDENCE OF AUTHORISATION PROVIDED FROM:** | **SERVICE DIRECTOR** **[ ]**  |

## TO BE COMPLETED BY HR OFFICER

**CONFIRM THAT FOLLOWING REDUCTION POST WILL NOT BE OVERESTABLISHED** **[ ]**

***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: