**Flexible Workforce Staffing Request Form**

Please ensure that you have this form signed and approved before sending this to the FWT to process

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| **REQUESTER INFORMATION** | |
| **Name:** |  |
| **Division:** |  |
| **Job Title:** |  |
| **Contact Details:** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **STAFFING REQUIREMENTS** | | | | | | | |
| **Role:** |  | | | | **Band:** |  | |
| **Team:** |  | | | | | | |
| **Location:** |  | | | | | | |
| **Start Date:** |  | **End Date:** |  | **Hours Per Day:** | | |  |
| **Shift Pattern:** |  | **No of Days:** |  | **No of Weeks:** | | |  |
| **Bank** |  |  | **Agency** |  | | |

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| **BUSINESS CASE** | | | | | | |
| **Reason Staff Member Required:** | | |  | | | |
|  | | | | | | |
| **Is there a Budget?** | **Yes** |  | **No** |  | **Budget Code:** |  |
| **What has been done to try and cover this placement before accessing Bank / Agency?** | | | | | | |
|  | | | | | | |
| **Please list any additional expenses associated with this cover e.g Travel** | | | | | | |
|  | | | | | | |
| **Exit Strategy Plans** | | | | | | |
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| **OTHER INFORMATION** |
| **Please provide any further information relevant to this request e.g skills, duties, systems etc** |
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| **Finance Authorisation** | | | |
| **Signature** |  | **Date:** |  |
| **Name:** |  | **Designation:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Executive Director Authorisation** | | | |
| **Signature** |  | **Date:** |  |
| **Name:** |  | **Designation:** |  |

**It is the requestors responsibility to ensure all authorisation is sought prior to the placement commencing.**

**It is the requesting team’s responsibility to add the shifts for the placement onto the system once they have been filled to ensure the staff member is paid and invoices are paid in a timely manner.**