E-Rostering Rule-Break Request Form

**Before proceeding with your request, have you considered all of the following as detailed in the Rostering Policy?**

When there are unforeseen circumstances, i.e. a member of staff going off sick at short notice or additional hours are needed, then the most cost-effective method available must be used which normally means the following order:

1. Use ‘time owed’ from individuals on the roster if available.

2. Use time off in lieu from individuals on other rosters, providing the individual has the correct skills, correct grade.

3. Use additional part-time staff hours (up to 37.5 hours).

4. Use of bank staff, if available.

5. Only in exceptional circumstances after the above options have been fully explored should overtime or agency be used and this must be approved by the appropriate Director.

**Shift Request Details:**

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| Team / Unit / Ward:  |
| Shift Date:  |
| Shift Type / Times:  |
| Staff Member Name:  |
| Staff Member Role:  |
| Is shift a Bank shift? Y / N |  |

**Impacted Rule – please indicate all applicable from the below examples:**

|  |  |  |
| --- | --- | --- |
| **Violation Rule** | **Applicable** | **Authorising Approver** |
| Staff to work above 60 hours in the week (WTD) |  | General ManagerClinical LeadChief Operating Officer / Deputy |
| Staff to work when on annual leave**^** (AL) |  | Chief Operating Officer |
| Staff to be awarded overtime rates~ (OT) |  | General ManagerClinical LeadChief Operating Officer / Deputy |
| Staff to work day / night shifts in the same period (WTD) |  | General ManagerClinical LeadChief Operating Officer / Deputy |
| Staff to be awarded overtime when on annual leave\*~ (OT, AL) |  | Chief Operating Officer |

***\*Must be approved by the service area where staff member is normally contracted to work***

***~Overtime cannot be awarded to staff where they still owe the Trust time in their contracted post***

***^Must be authorised by Chief Operating Officer or Deputy Chief Operating Officer before sending to E-Rostering***

**Context:**

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| **Request reason (s) / further information:** |

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| ***REQUESTER to forward to the appropriate APPROVER. Once authorised please send the authorising email to the E-Rostering Team at*** ***HNF-TR.eRostering@nhs.net*** |