# APPENDIX 1 SECONDMENT REQUEST AND APPROVAL FORM

**(For Internal and External Secondments)**

**Section 1** (*Employee to complete and send to manager*)

Name:

Job Title: Grade:

Service Area: Director Area:

Tel No. for Contact. Work: Home:

Please give details of the job title of the post to which you wish to be seconded:

The secondment opportunity is internal external

If external give details of organisation and a named contact below:

Organisation name:

Address:

Telephone:

Contact:

The date you would wish your request to commence?

Please provide details of the duration?

Is the job description and person specification attached? Yes No

Why is the secondment being requested?

What are the perceived benefits to you and the Council?

I am aware of the implications this request will have on my terms and conditions of employment and understand my obligations and responsibilities under the Secondment Policy.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 2** *(Manager to complete and send to Head of Service)*

Recommendation: Request Approved/Not Approved\*

Date of Meeting with employee (where appropriate)

I have considered your request for a secondment and I am pleased to confirm that I am able to accept your application.

Your secondment will commence from: until:

Signature: …………………………………………. Line Manager

Authorisation: ………………………………………. Head of Service

Date:……………………………………….

**OR**

I am sorry but I am unable to accommodate your secondment request on the following grounds:

Please identify reason (tick where appropriate)

Additional costs ( )

Ability to recruit additional staff ( )

Planned organisational changes ( )

Impact on service provision ( )

A detrimental impact on performance ( )

The inability to reorganise work among existing staff ( )

The inability to recruit or cover role ( )

A detrimental effect on ability to meet demand ( )

Other ( )

These grounds apply in the circumstances because (please provide all further details and reasons):

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 3** *(Head of Service / Director review)*

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Created December 2013

Reviewed November 2017