**Mandatory A&C Request Form**

Roster gaps: Following A&C roster sign off, gaps in rosters held centrally will be shared for approval and sent to Bank. For those rosters not held centrally this form **must** be completed for any Bank requests for A&C that are over two weeks in length and are required to cover a vacancy or gap resulting from a substantive member of staff on long term sick/other long term absence. These should then be submitted to the Temporary Staffing Team with sign off from the appropriate Divisional Director of Ops.

This form **must**be completed for any long term (> 2 week duration) Bank requests for A&C and submitted to the Temporary Staffing Team with sign off from the appropriate Divisional Director of Operations or equivalent

 **Please provide the information below in its entirety and return to admin.tempstaff@liverpoolft.nhs.uk**

|  |
| --- |
| **Vacancy Detail** |
| Site |  |
| Division |  |
| Department |  |
| Cost Code |  |
| Contact Number |  |
| Job Title |  |
| Band Required |  |
| Days and Hours Required (can part time be considered?) |  |
| Duration of assignment |  |
| Request Reason**If this is to cover a vacancy we require the TRAC reference number****If this is to cover sickness we require the name of the person off sick** |  |
| Alternatives sought prior to engaging bank |  |
| Additional requirements for the role  |  |
| Description of duties |  |
| **Requester Details** |
| **Requester Name** |  |
| **Department** |  |
| **Cost Centre** |  |
| **Divisional Accountant Name** |  | **Divisional Director of Ops Name** |  |
| **Divisional Accountant Email** |  | **Divisional Director of Ops Signature** |  |
| **Accountant Contact Number** |  |
| **Divisional Accountant Signature** |  |
| **Date** |  |
| **Temporary Staffing** |
| **Approvals Received** | **Y** | **N** |
| **Vacancy Number** |  |