

**REQUEST FOR TEMPORARY ADMIN SUPPORT**

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| **NAME OF REQUESTER** |  |
| **DEPARTMENT** |  |
| **COST CODE** |  |
| **CONTACT EXT. NO.** |  |
| **BAND REQUIRED:** |  |
| **DAYS AND HOURS REQUIRED:** |  |
| **HOW LONG DO YOU NEED COVER FOR?** |  |
| **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?** |  |
| **ANY ADDITIONAL REQUIREMENTS FOR THE ROLE?** |  |
| **DESCRIPTION OF DUTIES**  |  |
| **SITE TO BE COVERED** |  |
| **SIGNED (REQUEST APPROVER)** |  |
| **NAME (REQUEST APPROVER)** |  |
| **JOB TITLE (REQUEST APPROVER)** |  |
| **DATE OF REQUEST** |  |
| **FINANCIAL APPROVAL RECEIVED** | YES/NO |
| **NAME OF DIVISIONAL ACCOUNTANT** |  |

Please return to admin.tempstaffing@liverpoolft.nhs.uk.

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| **To be completed by Temporary Staffing:** |
| **Vacancy Number** |  |