**PART ONE**

**Request for Temporary Cover: Non – Medical, Non – Clinical Workers**

**Assignment Details**

1. **Assignment Manager**
2. **Manager Signature**
3. **Assignment Location**
4. **Assignment location Cost Code**
5. **Assignment Start Date**
6. **Assignment End Date**

* **Days of Week ......................................**
* **Hours ..................................................**
* **Daily Hours**

1. **Assignment Hours**

***If the assignment is for more than 12 weeks in length, please speak to your HR advisor with regard to alternatives such as fixed term contracts***

1. **Description of role**
2. **Assignment Title**

**Assignment Description**

**PART TWO**

*Please supply a Job Description where possible*

1. **Assignment Band**

* **Extra Funded Workload**
* **Extra Unfunded Workload**
* **Long Term Sickness**
* **Short Term Sickness**
* **Vacancy**

*Delete as appropriate*

**4. Reason for cover**

*Please return the completed form to the* ***Staff Bank, GWH 01793 646310*** *or* ***FWT, Community 01985 224727***

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