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**STAFF APPOINTMENT AUTHORISATION FORM**

This form is to be used for approval to recruit or reappoint a member of staff or to renew or extend a contract. It applies to all categories of staff (permanent, fixed term, temporary, casual and consultant) regardless of the source of funding. Each post requires an individual form. If you require any help, guidance or support, please refer in the first instance to your School Improvement Officer.

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| What is the name of your School? |
|  |

**Post Details – Head teacher to complete**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title of the post | | |  | | | | | |
| Is the post specified in the budget?  If no,  What will the impact on the budget be?  How will the post be funded? | | | Yes / No  Please specify £ details | | | | | |
| Please provide a brief summary of the post role: | | |  | | | | | |
| Anticipated start date for the appointment: | | |  | | | | | |
| Anticipated end date for the appointment: | | |  | | | | | |
| Salary range for role | | | Min | | | Max | | |
|  | | |  | | |
| Tick all boxes that apply: Full-time Part-time Full-year Part-year | | | | | | | | |
| **If part-time,** number of hours worked per week | | |  | | | | | |
| **If part year,** number of working weeks per year | | |  | | | | | |
| **Working Pattern:** | | | | | | | | |
| **Hours of Work**  Start:  Finish: | Mon | Tue | Wed | Thurs | Fri | | Sat | Sun |
| : | : | : | : | : | | : | : |
| : | : | : | : | : | | : | : |
| Please select what best describes the reason for filling the role: | | |  | | | | | (tick) |
| Recruit to an existing permanent post? | | | | |  |
| Recruit to a new permanent post? | | | | |  |
| Recruit to an existing fixed term contract? | | | | |  |
| Recruit to a new fixed term contract? | | | | |  |
| Extend a fixed term contract? | | | | |  |

**Funding Details**

|  |  |
| --- | --- |
| If the appointment or funds are of limited duration please specify: |  |
| Funding body: |  |
| Date funds effective from: |  |
| Date funds effective to: |  |

**Supporting Statement – Head teacher**

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| **Please refer to the following in the post justification below:**  Could the appointment be deferred? If not, why not?  Is there potential for reallocating duties to existing staff and reducing the FTE?  Is there any overlap with functions carried out in other parts of the school?  Could the role be fulfilled by temporary/contract resource whilst process review is being carried out? |

**Post Justification - Head teacher**

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| Briefly summarise the benefits of recruiting to the post (please refer to questions above)  Briefly summarise the risks of not recruiting to this post |

**Head teacher**

Name:

Signature: Dated:

Please send this fully completed form to email address [staffing@plymouthcast.org.uk](mailto:staffing@plymouthcast.org.uk)

Date received ………………………………… Date Actioned…………………………………..

**Karen Cook- Chief Finance and Operating Officer**

Circle selection: Supported Not Supported Further information needed

Signature: Dated:

Comments – Karen Cook

**Plymouth CAST Board, if applicable.**

Chair Signature: Dated:

Comments from CEO or Board as required: