

**UAS Business Case for Permission to Fill**

**Part 1a – To be completed by the Department**

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| --- | --- | --- | --- | --- | --- | --- |
| **Position Title:** |  | | | | | |
| **Department (CUFS Dept Name):** |  | | | | | |
| **Post Reference Number:** |  | | | | | |
| **New Post or Existing Vacancy?:** | **New Post:** |  | | **Existing:** | |  |
| **Open Ended or Fixed Term?:**  *(If the position is Fixed Term, please explain why and the proposed duration with reference to the University’s guidance on the use of fixed-term and open-ended contracts)* |  | | | | | |
| **Position Type and Grade:** |  | | | | | |
| **Unestablished?:** | **Yes:** |  | | **No:** | |  |
| **Headcount Variation:** | **Net Gain (+1):** | | **Neutral (0):** | | **Net Loss (-1):** | |
|  | |  | |  | |
| **Full Cost Code:** |  | | | | | |

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| **1.** | **Is this post business critical (if yes, please state why)** | Yes |  | No |  |
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| **2.** | **Please indicate the source of funds:** | | | |
| **Existing chest funding:** |  |  | |
| **Existing external funding:** |  |
| **Reserves:** |  |
| **Additional Funding required:** |  | Amount of funding required: | £ |

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| **3.** | **You must demonstrate that you have considered alternatives to (re)filling by providing responses to the below questions:** | | | | |
| 1. Could the duties of the post be reassigned elsewhere? | Yes |  | No |  |
| 1. Is there any possibility that the role could be merged with another role? | Yes |  | No |  |
| 1. Are the processes followed by the current postholder effective and efficient? (Please skip this question if this is a new post) | Yes |  | No |  |
| 1. If the role is full time, could the duties be covered by a part-time appointment? | Yes |  | No |  |
| 1. Could the duties be covered by a secondment? | Yes |  | No |  |

|  |  |
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| **3b.** | **Please provide further detail about your responses to question 3:** |
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| **4.** | What are the consequences of not filling this post? |
|  |
| **5.** | How long can this post be held vacant to create savings? |
|  |
| **6.** | Please provide details of existing vacancies or known future vacancies over a five-year period that can be left unfilled in favour of filling this post and ensuring a potential saving against financial difficulties. |
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| **7.** | **Does this post have income-generating potential? If so, provide details.** |
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| **8.** | **Do you have any other comments?** |
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**Part 1b – To be completed by person who completed Part 1a:**

By signing the below, you are confirming that you consider the (re)filling of this post a good use of the University’s resources:

|  |  |
| --- | --- |
| **Print Name:** |  |
| **Signed:**  (Electronic signature acceptable) |  |
| **Position Title:** |  |
| **Date:** |  |

**\* Administered Funds are classed as Chest**

**If you have any queries regarding the funding of your post please contact your Finance Manager/Adviser. Please note that it may delay the recruitment of your post if the financial information is incorrect**

**It is assumed that all posts will be filled on an unestablished basis**

**Part 2 – To be completed by Head of Department/Section**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Do you support the request, as detailed above?** | | | | Yes: |  | No: |  |
| Please give reasons for your response above: | | | | | | | |
|  | | | | | | | |
| **Print Name:** |  | **Print Name\*:** |  | | | | |
| **Signed:** |  | **Signed:** |  | | | | |
| **Date:** |  | **Date:** |  | | | | |

*\*Please note: Two signatures are only required if local arrangements require Director approval in addition to approval from the Head of Department / Section.*

**Upon completion of this form, please send this (via email) to: Petya Dimitrova, Assistant HR Adviser at:** [**pd411@cam.ac.uk**](mailto:pd411@cam.ac.uk)**.**

**Part 3 – To be completed by the Resourcing Group**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Is permission to fill granted as outlined above?** | | Yes: |  | No: |  |
| If the request has not been approved, or has been approved subject to conditions, please state reason(s): | | | | | |
|  | | | | | |
| **Print Name:** |  | | | | |
| **Signed:**  (Electronic signature acceptable) |  | | | | |
| **Date:** |  | | | | |