## **UAS Business Case for Permission to Fill**

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

Posit	ion Title:							
Department (CUFS Dept Name):								
Post	Reference Number:							
New	Post or Existing Vacancy?:	New Post:		Existin	g: 🗆			
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)								
Posit	ion Type and Grade:							
Unestablished?:		Yes: □	Yes:		No: □			
Headcount Variation:		Net Gain (+1): □	): Neutral (0):		: Net Loss (-1):			
Full (	Cost Code:							
1.	Is this post business critical (if yes, please s	tate why)		Yes		No		
	Please indicate the source of funds:							
	Existing chest funding:							
2.	Existing external funding:							
	Reserves:							
	Additional Funding required:	Amount o	required:	red: £				
	You must demonstrate that you have const the below questions:	ng by provid	ding res	ponse	s to			
	a) Could the duties of the post be reassigned elsewhere?			Yes		No		
3.	b) Is there any possibility that the role could be merged with another role?			e? Yes		No		
J.	c) Are the processes followed by the current postholder effective and efficient? (Please skip this question if this is a new post)					No		
	d) If the role is full time, could the duties be covered by a part-time appointment?					No		
	e) Could the duties be covered by a secondment?					No		

3b.	Please provide further detail about your responses to question 3:
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.
	Does this post have income-generating potential? If so, provide details.
7.	
	Do you have any other comments?
8.	

## 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:	

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 <u>unestablished</u> basis

<sup>\*</sup> Administered Funds are classed as Chest

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

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 <u>if local arrangements</u> require Director approval in addition to approval from the Head of Department / Section. <u>Upon completion of this form, please send this (via email) to: Petya Dimitrova, Assistant HR Adviser at: pd411@cam.ac.uk.</u> 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:								
<b>Signed:</b> (Electronic signatur	e acceptable)							

Date: