

Establishment Change Control Form



Doing things better



1. Establishment Information (to be completed by Manager)			
Directorate		Business Unit	
Service		Manager	
Post No (this starts JAxxxxxx)		Post Title	
Current Grade		Proposed Grade (if changing)	
Current Establishment Hours		Proposed Establishment Hours	
Cost Centres Affected		Cost of Change	
Is this a temporary change?		If yes what is the end date	
Date change effective from			

2. Business Case (to be completed by Manager)	
Justification - what are you trying to do and why?	
How have you calculated the cost? <i>Include workings for Directorate Finance Manager to check</i>	
How do you intend to fund this increase? <i>Include Cost Centre combination of where the funding is coming from and whether this is permanent funding, time-limited or grant funded.</i>	

Will this request involve a budget virement? <i>If Yes include amount cost centre and account detail budget needs to be moved from and to. There is no need to complete a separate virement form.</i>	Amount to be moved	
	CC & CC Detail to be moved from	
	CC & CC Detail to be moved to	

3. Directorate Finance Manager Comments (to be completed by Directorate Finance Manager)

Is funding available? <i>If No this will require Strategic Director Approval.</i>			
What are the financial risks associated with this request?			
RAG rating			
Directorate Finance Manager Name		Date	

4. Assistant Director Approval (to be completed by Assistant Director)

Comments			
Approved?			
AD Name		Date	

5. Strategic Director Approval (only to be completed by SD where there is no funding available)

Approved?			
SD Name		Date	

Please send completed form to [HR Service Desk](#)