# **Request for replacement cover**

**(Approval from Director of HR)**

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| **Is the request for cover a like for like replacement?** (e.g. same job title/grade/hours)*If you have selected “no”, please clearly detail the changes below.*  | **Yes** |[ ]  **No** |[ ]
| **Name of current postholder** |  |
| **Post number** |  |
| **Reason for request** *If other, please specify what cover you require:* | Select reason |
|  |  |
| **Duration of cover** | Click or tap to enter a date. | Click or tap to enter a date.  |
| **If there are any changes to the terms/conditions please detail these in the “Replacement Postholder” column** | **Current** **postholder** | **Replacement postholder** |
| **Job title**  |  |  |
| **School/Unit** |  |  |
| **Reporting to (Name/Job title)** |  |  |
| **Line management responsibility for:**  |  |  |
| **Grade/salary range** |  |  |
| **Contractual hours of work** |  |  |
| **If the proposed replacement is not a like for like replacement, and such alterations have not been verified above, please detail these below:** |