# **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:** | | | | |