OCL ACADEMIES – RECRUITMENT AUTHORISATION FORM



1. Vacancy Type

	Replacement for existing position						
	New position						
	If a new position, do you have a Job Description?			?	Yes	No*	
	If a replaceme	ent, who is leavin	lg;				
*	lf no, please	If no, please refer to recruitment guidance to assist you with drafting your Job Description					
If	a non-teaching	post, has the ro	le been evaluated)	Yes	No*	
						and the IDDS to	
	* If the role hasn't been evaluated, please ask your Academy HR representative to send the JDPS to						
<u>0</u>	<u>OCL.JobEval@oasisuk.org</u> to be evaluated before completing & submitting this form						
2. Position Details							
	Position						
Salary Range							
	Title						
	Academy						
3. Contract Details							
	Type of contract						
	If fixed term, please provide reason/justification						
	Date position is vacant (if applicable)						
	Proposed start date						
	End date (if applicable)						
	Hours of work	C C	Fulltime	Part-time			
	If Part-time	Days worked		Hours work	ked		
		FTE					
4.	Recruitmer	nt (please discuss	with your HR/PD Tea	am)			
Proposed Live Date				How would	How would you like to advertise the position?		
Proposed Closing Date*				Internal onl	y		
* Positions must be advertised for a minimum of 2 weeks externally and 1 week internally				External			

If external, are there any job boards you'd like to use? (your HR/PD Lead will obtain quotes and can make recommendations if you don't have specific media in mind)

5. Authorisation

ALL ROLES

Principal

Name:

Signature (electronic accepted)

Date:

Regional Finance Manager (if applicable)

Name:

Signature (electronic accepted)

Date:

* Please use the button on the right or email **Hiring.Requisitions@oasisuk.org** to submit for Finance approval.

Financial Controller

Name:

Signature (electronic accepted)

Date:

*Please send the Hiring Requisition to the relevant Regional People Directorate Business Partner (PDBP) for approval **PDBP**

Name:

Signature (electronic accepted)

Date:

ROLES NOT IN BUDGET

Regional Director

Name:

Signature (electronic accepted)

Date:

Once authorised, forms should be returned to the Academy HR/Recruitment Lead so they can begin recruitment