Recruitment Protocol

Application form for **Professional, Administrative and Support** posts

***How to use this form:***

**Only use this form for employees on permanent or fixed-term contracts.** For casual, casual teaching, TSS, agency temp, or consultants, please use the [Worker Request form](https://socsci.web.ox.ac.uk/recruitment-protocol-0).

|  |  |
| --- | --- |
| [**SECTION 1**](#_SECTION_1) | Complete for ALL REQUEST TYPES. For request types 1 and 2 you only need to complete this section. A job description and org chart are required for these requests. |
| [**SECTION 2**](#_SECTION_2) | Complete REQUEST TYPE 3-5. A job description and org chart are also required for these requests. |
| [**APPROVAL**](#_APPROVAL) | Complete for ALL REQUEST TYPES. |

Please send the completed form and supporting materials to [ssdrecruitmentprotocol@socsci.ox.ac.uk](mailto:ssdrecruitmentprotocol@socsci.ox.ac.uk?subject=Protocol%20request).

# SECTION 1: please complete for all request types.

For request types 1 and 2 you only need to complete this section.

|  |  |
| --- | --- |
| **Request type** | SELECT FROM LIST. |

|  |  |
| --- | --- |
| **Department** |  |
| **Cost centre** |  |
| **Post title** |  |
| **Grade** | SELECT FROM LIST. |
| **Contract type** | SELECT FROM LIST. |
| **Period if fixed term** |  |
| **Full or part time** | SELECT FROM LIST. |
| **FTE if part time** |  |

**BUSINESS CASE**

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| --- |
| **Please provide a brief summary outlining why it is essential to recruit/retain this post.** |
|  |

**COSTS & FUNDING**

|  |  |
| --- | --- |
| **Is this post budgeted for this Financial Year?** | SELECT FROM LIST. |
| **Annual cost, including on-costs**  *(see* [*Salaries website*](https://finance.admin.ox.ac.uk/salary-scales)*)* | £ per annum |
| **Forecast cost, including on-costs, in current financial year:** | £ |

# SECTION 2: Please complete for REQUEST TYPES 3 to 5

**COSTS & FUNDING 2**

|  |  |
| --- | --- |
| **How will the post be funded?** |  |
| **Are there savings being made, or will any additional income be generated, if this request is approved?** |  |
| **What is the overall net cost?** |  |

**ADDITIONAL INFORMATION**

|  |
| --- |
| **Please use this box to explain if the request does not fit into the criteria above.** |
|  |

# APPROVAL

|  |  |  |
| --- | --- | --- |
| **Department** | **Signed (name and role in department** | **Date** |
|  |  |  |