

Annex B: Facilities Time Request and Monitoring Form

NHS FIFE Facilities Time Request and Monitoring Form

Section 1: To be completed by Staff Representative

1.1 Personal Details

Name	
Job Title	
Ward / Department & Base	
Phone	
Trade Union / Professional Organisation	

1.2 Origin of Request

Is your time out at the request of ? (please tick ✓)

NHS Fife	<input type="checkbox"/>	Your union / organisation	<input type="checkbox"/>
Your member(s)	<input type="checkbox"/>	Both / all parties	<input type="checkbox"/>

1.3 Reason for needing time out (please tick ✓)

Partnership Fund Duties & Activities

Area Partnership Forum (LNC or equivalent)	<input type="checkbox"/>	Local Partnership Forum	<input type="checkbox"/>
Partnership Working Group	<input type="checkbox"/>	Co-delivering local policy Training	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>		

Trade Union / Professional Organisation Duties & Activities
--

Staff Side Group	<input type="checkbox"/>	Advising / representing members	<input type="checkbox"/>
Attending in-house training	<input type="checkbox"/>	Off-site training / conference	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>		

1.4 Estimate of Facilities Requested

Date(s) for time out	
Start & end time	
Total time required (including travel)	
Date & time when back at work / on duty	
Signature	

Section 2: To be completed by Manager

Facilities time approved

- Yes
- No (*please specify reason*)

Where approved, manager is responsible for ensuring facilities time is recorded correctly and accurately within the National Payroll, Expenses and Time Recording System (SSTS)

Partnership Fund Duties & Activities

- Yes
- No (*please specify reason*)

If time out attracts Partnership Fund money

Grade of replacement costs	
Hours of replacement costs	
Budget code to receive replacement costs	
Name of manager (<i>please print in block capitals</i>)	
Signature	

Section 3: To be completed by Responsible Officer

I approve / do not approve (*please delete as appropriate*) of the Partnership Fund being used for this purpose. Please forward the necessary funds to budget code.

Name of Responsible Officer (<i>please print in block capitals</i>)	
Signature	