Facilities request and monitoring form



This form should be completed and submitted to the appropriate manager for sign off. The form can be used for both prospective and retrospective meetings and should include all trade union, facilities and partnership duties. Once complete the form should be returned to the appropriate department. Employees should read the <u>Facilities Arrangements for Trade Unions and Professional Organisations Policy: guide for employees</u> (workforce.nhs.scot/supporting-documents/guide/facilities-arrangements-for-trade-unions-and-professional-organisations-policy-guide-for-employees).

Section 1: Personal details

Name	Payroll number
Job title	Ward or department
Grade / band	Trade union / professional organisation
Signature	Date (dd/mm/yyyy)

Section 2:								
Event date (dd/mm/yyyy)	No. hours required	Reason code (refer to key)	Authorised / rejected Manager's signature	Reason for rejection				
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							
	0							

Event date (dd/mm/yyyy)	No. hours required	Reason code (refer to key)	Authorised / rejected Manager's signature	Reason for rejection
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			

Section 3: Totals

Partnership time totals

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		•									•	
•		•			:		•		•		•	

Trade union or professional organisation time totals

Overall total

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Authorising manager's signature

Date sent to authorising manager (dd/mm/yyyy)

Date completed by authorising manager *(dd/mm/yyyy)*

Guidance

The following is a guide to assist with the completion of the Facility request and monitoring form which should be completed on a monthly basis. Trade union or professional organisation representatives are reminded of the need to provide reasonable notice of planned facility time as agreed within the facilities Policy.

Section 1

- Name: Your name
- Band or grade: To enable accurate costing of time off (where agreed)
- Trade union or professional organisation: Name of your trade union or professional body
- Ward or department: Workplace and job family
- Month and year: The month and year relating to the time off noted on the form

Section 2

- Date of event: Insert the date facility time is being requested for
- No of hours required: Total amount of facility time hours requested
- Reason code: Insert specific code (key for codes available in Section 3)
- Authorised or rejected: Manager should sign to authorise or reject
- Reason for rejection: A reason should be provided as to why a request has been rejected

Section 3

Select from the following reason codes and insert total number of hours for the month under each category.

Partnership

- A Partnership structures
- **B** Specific working groups
- **C** Employer linked training, conferences or seminars
- **D** Job Evaluation
- **E** Health and Safety
- **F** Preparation time
- **G** Other

Trade union or professional organisation

- **H** General advice, communications and consultation, with members
- I Trade union or professional organisation specific training, conferences or seminars
- J Preparation time
- K Individual or collective representation, such as for NHSScotland workforce policy processes, including at nursing homes or GP practices
- L Other