



**Secondment release form**

*to be completed by the employee’s line manager*

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| --- | --- | --- | --- |
| Name of Applicant |  | | |
| Post Title: |  | | |
| Duration of secondment  (Tick as appropriate) | 3 months | 6 months | 9 months |
|  | 12 months | 18 months | Other: |
| Recruitment reference number |  | | |
| *I hereby agree for the above member of staff to be temporarily released for the above post, if successful at interview.*  *If an extension to the agreed XX-month secondment period is required, the secondment line manager will contact us at least* ***one month prior*** *to the expiry date to discuss and agree any extension details.* | | | |
| Substantive manager’s authorisation | Signature:  Print Name: | | |
| Date of agreement |  | | |
| Secondment expiry date |  | | |
| Date of planned  return to substantive post | (***use an approximation if exact date is unknown)*** | | |
| Secondment manager’s authorisation | *I agree to comply with Ealing Council’s secondment terms and to notify the candidate’s substantive post manager* ***one month prior to expiry of contract and discuss and agree any extension details and notify HR.***  Signature:  Print Name: | | |

***PLEASE EMAIL THE COMPLETED FORM TO YOUR HR RECRUITMENT ADMINISTRATOR***