DELEGATED AUTHORITY REPORT

Report from:	CORPORATE DIRECTOR (*********)
Date:	
Subject Title:	

1. Brief Summary of the Proposals

The changes/proposals outlined in general terms

2. Background

Context of the changes/proposals

3. Proposal

The proposals in detail

4. Reasons for Proposals

- The Corporate and Service benefits arising therefrom
- Alternatives considered
- Implications of not implementing the changes/proposals
- Knock-on implications to other staff and/or services
- Salary grading implications

5. Establishment Impact

 Complete any details of any additions, deletions or changes to positions on current establishment

(Existing Position details) – Post title Hours/FTE Grade Name of postholder

Reporting Manager /Location

(New Position details) –
Post title
Hours/FTE
Grade
Name of postholder
Reporting Manager/Location

For new post confirm Flex Type and Flex Options for post: delete as appropriate:

Flex Type: Fixed/Flexible/Home/Mobile

Flex options: Flexi /Shift /Hol Buy Back/ Compressed/Part time /Job Share /Structured TOIL/ Home

Accommodation requirements:

New post - Location:

Existing or amended post - Location:

6. Budget position

- The cost of the proposals
- Is there budget available within the service to fund the proposals within the current and future financial years?

7. Consultations

• Have the relevant stakeholders been consulted and are their views incorporated within the report:

Finance HR Adviser

Resilience & Asset Management Officer (for all new posts only)

8. Corporate Development Plan

What is the link to the Corporate Development Plan?

9. Service Plan

•	Do the proposed changes link to the Department's Service Plan and ir
	what way?

Author of Report:	
(electronic Signiture)	

Designation:
Please follow the guide below to ensure your DAR is dealt with in a time-saving manner
 Email to: Accountancy to confirm that there is budget available to cover this DAR (as detailed in section 6) – <u>Accountancy</u> - <u>Please also</u> complete last page of DAR at ***
Accountant
Name:
Date:
2. Email to HR for their Approval of Content
HR Adviser
Name:
Date:
3. If this is a New Post – email to: fiona.campbell2@moray.gov.uk and cc
john.macdonald@moray.gov.uk
Confirmed that accommdation is available to cover this DAR (as detailed in section 5 for new posts only or posts changing location)
Resilience & Asset Management Manager
Name:
Date:

If items 1, 2 & 3 have been completed

4.	signature					
	Initialled by relevant Head of Service (if	appropriate):				
Report Approved						
Name/Designation: *************, Corporate Director (**********)						
Date:	:					
5.	Original document with all signatures to completion	be returned to HR fo	or final			
***TO BE COMPLETED BY ACCOUNTANCY ONLY:						
I-trent I-trent Code Budge Repor (see a Increa Grade Furthe	er Comments:	Existing Post	New Post			
Comp	pleted by:					