# LINE MANAGER AUTHORISATION

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| **RESTRICTED (Confidential when completed)** |
| **You must forward the Line Manager Comments to Central Recruitment at the same time you submit your application on Oleeo.**  It is a requirement that all relevant sections are completed and it is the responsibility of the candidate to ensure the line managers comments (with signature of first and, for officers, second line managers) are forwarded to Central Recruitment in line with the closing date. **Please ensure line managers submit this to** [**Centralrecruitment@gwent.police.uk**](mailto:Centralrecruitment@gwent.police.uk)  **Please note it is the responsibility of the line manager to ensure the Head of Dept. is aware of the application.** |

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| **Section 1 | Application details** (to be completed by the applicant) | |
| **Surname** |  |
| **Forename(s)** |  |
| **Post applied for** |  |
| **Vacancy closing date** |  |

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| **Section 2 | First line manager comments** (to be completed by the first line manager) | | |
| **Are you aware of any reason why this internal application should not be supported?** | | Yes |  No |
| **If Yes, please give reason below:** | | |
| **The individual is currently on an action plan (performance)** | |  |
| **The individual is currently under investigation** | |  |
| **The individual has hit a sickness trigger and been given a warning/action plan** | |  |
| **The individual is currently in a post with a tenure** | |  |
| **Other** | |  |
| **If other, please specify** |  | |
| **Has the above individual has hit either of the below attendance standard triggers?** | | |
| **3 periods of sickness in 12 months** | | Yes |  No |
| **10 or more working days sickness absence in 12 consecutive months** | | Yes |  No |
| **If you have answered yes to either of these please provide rationale for supporting application** | | |
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| **Is the candidate an agency staff member?** | | Yes |  No |

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| **Section 2 | First line manager details** (to be completed by the first line manager) | |
| **Signed** |  |
| **Name** |  |
| **Position** |  |
| **Date** |  |

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| **Section 3 | Second line manager comments** (to be completed by the second line manager)  **(Police Officers only)** | |
| **I support this internal application** |  |
| **I do not support this internal application** |  |

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| **Section 3 | Second line manager details** (to be completed by the second line manager) | |
| **Signed** |  |
| **Name** |  |
| **Position** |  |
| **Date** |  |