



LINE MANAGER AUTHORISATION

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**

Please note it is the responsibility of the line manager to ensure the Head of Dept. is aware of the application.

Section 1 | Application details (to be completed by the applicant)

Surname	
Forename(s)	
Post applied for	
Vacancy closing date	

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please give reason below:	
The individual is currently on an action plan (performance)	<input type="checkbox"/>
The individual is currently under investigation	<input type="checkbox"/>
The individual has hit a sickness trigger and been given a warning/ action plan	<input type="checkbox"/>
The individual is currently in a post with a tenure	<input type="checkbox"/>
Other	<input type="checkbox"/>
If other, please specify	
Has the above individual has hit either of the below attendance standard triggers?	
3 periods of sickness in 12 months	<input type="checkbox"/> Yes <input type="checkbox"/> No



**HEDDLU
GWENT
POLICE**



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

Is the candidate an agency staff member?

☐ Yes | ☐ No

Section 2 | First line manager details (to be completed by the first line manager)

Signed

Name

Position

Date

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

☐

Section 3 | Second line manager details (to be completed by the second line manager)

Signed

Name

Position

Date