

Secondment Approval – SHEOC/PHEOC

First Name _____

Surname _____

Assignment Number _____

Current Health Agency _____

Health Agency for Secondment _____

Notice Period to Commence
Secondment _____

Number of hours per week
secondment is approved for
(minimum 21 hours per week) _____

Approved secondment duration
(preferred minimum 3 months) From _____ To _____

I understand that the secondment is only for the role as per the details indicated above. If there are any changes to the above, I understand that further approval must be provided by my line manager or Director first.

Date _____

Employee Signature _____

I confirm that I am the line manager or Director of the above employee and approve of the secondment as per the details above

Manager/Director Name _____

Manager/Director Role Title _____

Date _____

Manager/Director Signature _____