

Agency Worker Request Form

Note to Hirer:

Regulation 5 of the Agency Workers Regulations 2010 provides that an Agency Worker who completes a 12 week Qualifying Period in the same role for you will be entitled to receive treatment equal to what they would have received had you recruited them directly. You can either provide the relevant terms and conditions the agency worker would have received had you recruited them directly, or point to a comparable employee you have identified in your organisation. A comparable employee is an existing employee doing the same or broadly similar work, working in the same location, or different location.

We ask you to complete this form and provide any relevant information so that we know what terms and conditions either the Agency Worker or a comparable employee would receive and to which the Agency Worker will be entitled when s/he completes the Qualifying Period. Also please ensure that you inform the agency immediately if any of the following information changes, including if the comparable employee leaves.

INFORMATION REQUEST FORM

Agency Worker

Job Title

Please tick whichever of the following statements is correct:

I confirm that the details provided below relate to what the Agency Worker would have received, had they been recruited directly.

OR

I confirm that the details provided below relate to a comparable employee.

Pay

Basic salary payable to the direct recruit or comparable employee

Note to agency: this will be the actual QP rate of pay

£

Commission *Please also state any qualifying criteria for payment of commission*

£

Overtime Payments *Please also state any qualifying criteria for payment of overtime.*

£

Shift / Unsociable hours allowances

Please also state any qualifying criteria for payment of shift or unsocial hours allowances.

£

Risk payments for hazardous duties *Please also state any qualifying criteria for risk payments for hazardous duties*

£

Vouchers or stamps

*Please list any vouchers or stamps which can be exchanged for goods and services and state their respective monetary values
This does not include vouchers which are paid as a result of salary sacrifice schemes (e.g. childcare vouchers).*

£

Bonuses

Details of any bonus payable, including the purpose of the payment, the frequency of the payments and any qualify criteria

£

Any other Remuneration

Insert details of any other payments made, including the purpose of the payment, the frequency of the payments and any qualifying criteria.

Please also provide details of any terms and conditions relating to pay entitlement, for example details of pay reviews

£

Working Hours

Night Work

(Where applicable) please provide details of any terms and conditions which would apply to the agency worker in relation to night work (where the agency worker carries out work the duration of which is not less than hours between the hours of midnight and 5a.m)

Rest Periods

Rest Breaks

Duration of working time

(For example, where your employees are not required to work more than 48 hours per week, this should apply to the agency worker)

Annual Leave

Tick if appropriate

The annual leave entitlement is the statutory entitlement:

Where greater contractual leave is given, the annual leave entitlement is:

Days

Please also provide details of any terms and conditions relating to annual leave entitlement.

Day one rights

Details of collective facilities (these include canteen, childcare facilities and transport services, toilets and shower facilities, prayer rooms).

Section B

Has the Agency Worker previously worked in your organisation?

Yes

No

Has the Agency Worker previously worked for another hirer connected to your organisation?

Yes

No

If the answers to the questions above are yes, please complete the remainder of this section

What was the length of the assignment(s)? Please confirm the dates.

Was the previous role the same or different role to the current role?

If they are different roles, please explain the factors that make the roles different?

Signed by _____

Print Name _____

Position _____

I confirm I am authorised to provide this information for and on behalf of the Hirer

Date