



Agency Workers Regulations:  
INFORMATION REQUEST

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 a Hirer, will be entitled to receive treatment equal to what they would have received had you employed them on permanent basis and you have a comparable employee in your employment at the same or other 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 12 week Qualifying Period. Also please ensure that you inform the agency immediately if any of the following information changes, including if the comparable employee leaves.

This form must be completed by the Hirer or by the person(s) authorised on behalf of the Hirer to complete on their behalf.

Name of Agency Worker:

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 on a permanent basis. (i.e. **there is no comparable employee**).

Or

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

PAY:	
Annual basic salary:	
Commission: <i>Please also state any qualifying criteria for payment of commission.</i>	
Overtime payments: <i>Please also state any qualifying criteria for payment of overtime.</i>	
Shift/unsocial hours allowances: <i>Please also state any qualifying criteria for payment of shift or unsocial hours allowances.</i>	
Risk payments for hazardous duties: <i>Please also state any qualifying criteria for risk payments for hazardous duties.</i>	
Vouchers or stamps: <i>Please list any vouchers or stamps which can be exchanged for goods and services and state their respective monetary values:</i>  <i>This does not include vouchers which are paid as a result of salary sacrifice schemes (e.g. childcare vouchers).</i>	
Bonuses based upon individual performance: <i>Details of any bonus payable; including the frequency of the payments and any qualifying criteria.</i>	
Any other remuneration: <i>Insert details of any other payments made, including the purpose of the payment, the frequency of the payments and any qualifying criteria.</i>  <i>Please also provide details of any terms and conditions relating to pay entitlement, for example details of pay reviews.</i>	

<b>Working hours:</b>	
Night work: <i>Please provide details of any terms and conditions, (where applicable), 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).</i>	
Rest periods:	
Rest breaks:	
Duration of working time:  <i>(For example, where your employees are not required to work more than 48 hours per week, this should apply to the agency worker)</i>	
<b>Annual leave:</b>	
<p>From the following, please check the following statements which apply to you:</p> <p>The annual leave entitlement is the statutory entitlement.</p> <p>Where greater contractual leave is given, the annual leave entitlement is.</p> <p>Please also provide details of any terms and conditions relating to annual leave entitlement.</p>	<p>days</p>

## **Section B**

1.	Has the Agency Worker previously worked in your organisation as an Agency Worker?	
2.	Has the Agency Worker previously worked as an Agency Worker for another Hirer connected to your organisation?	
<b>If the answers to questions 1&amp; 2 are yes, please complete the remainder of this section</b>		
3.	What was the length of the assignment(s)? Please confirm the dates.	
4.	Was the previous role the same as the current role?	
5.	If they are different roles, please explain the factors that make the roles different?	

**END**

**Please sign, date and confirm that you are authorised to provide this information as the Hirer or on behalf of the Hirer. Thank you.**

Signed by: \_\_\_\_\_

Print name: \_\_\_\_\_

Position: \_\_\_\_\_

Hiring Company: \_\_\_\_\_

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

Date: \_\_\_\_\_