*Remember to delete this cover page from the form when you give it to the umbrella company or Client*

Additional document A3 – assignment details form for an umbrella company

|  |
| --- |
| January 2022 |

When to use this form

* Use this form when engaging temporary workers who work through an umbrella company.
* You should give a new assignment details form to the umbrella company and the Client for every new assignment.
* Pages 2 and 3 list the information you must give to the umbrella company.
* Pages 4 and 5 list the information you must give to the Client.

## Use this form with the following documents

|  |  |
| --- | --- |
| Client contract: | 3A - Terms of business with Client for the supply of temporary workers (non-exempt clients)  3B - Terms of business with Client for the supply of temporary workers (exempt clients) |
| Contract: | 4A - Terms of engagement with an umbrella company |
| Document: | Key Information Document (umbrella companies) |
| Document G: | AWR Information request form |

These documents are available from the [REC template document library](https://www.rec.uk.com/recruiters/legal/template-documents).

## How to use this form

* Complete the information required.
* Give the relevant pages to the umbrella company and the Client.

|  |
| --- |
| REC template documents have been prepared exclusively for REC Corporate Members. You must not distribute these template documents to third parties except where you require them to complete the document. |

*This page is for the umbrella company*

Assignment details form – umbrella company

When the Conduct of Employment Agencies and Employment Businesses Regulations 2003 (Conduct Regulations) apply you must give the information highlighted in **bold**. Even if the Umbrella Company and the Agency Worker have opted out of the Conduct Regulations, it is best practice to give the information shown in the form.

|  |  |
| --- | --- |
| Details of the Umbrella Company and Agency Worker | |
| Name, address and registered company number of the umbrella company: |  |
| VAT registration number of the Umbrella Company: |  |
| Name of the Agency Worker supplied by the Umbrella Company: |  |
| **Client’s details** | |
| **Name of the Client:** |  |
| **Nature of the Client’s business:** |  |
| Name of Client’s contact to report to on arrival: |  |
| **Assignment details:** | |
| **Start date of the Assignment:** |  |
| **Likely duration of the Assignment:** |  |
| **Type of Work:** |  |
| Description of duties: |  |
| **Location of work:** |  |
| **Hours of work:** |  |
| **The experience, training, qualifications, and any authorisation necessary or required by law or a professional body:** |  |
| **(a) Any known health and safety risks, and**  **(b) the steps the Client has taken to reduce those risks:** |  |
| **Length of notice the Umbrella Company/ Agency Worker is required to give and entitled to receive if applicable** |  |
| **Pay** | |
| **Any expenses payable:** |  |
| **Actual rate of remuneration i.e. the rate to be paid for this Assignment:**  **The Umbrella Company will confirm the net amount to be paid to the Agency Worker** | [insert the gross rate to be paid to the umbrella company before deductions are made] |
| **Intervals of payment:** |  |
| **Holiday pay:** | The Umbrella Company will notify the Agency Worker directly about how holiday pay will be calculated and paid. |
| **Period of Extended Hire**  (only where the Conduct Regulations apply (i.e. the Umbrella Company and Agency Worker have not opted out of the Conduct Regulations) | |
| **Notice period required where Client wishes to engage the Umbrella Company/ Agency Worker for a Period of Extended Hire:** | [insert period agreed with Client] |
| **Period of Extended Hire if the Client wishes to engage the Umbrella Company/ Agency Worker and avoid paying a Transfer Fee:** | [insert period agreed with Client] |

|  |  |
| --- | --- |
| Umbrella company’s recruitment consultant’s contact details: |  |

Agency Workers Regulations 2010 (AWR)

|  |  |
| --- | --- |
| AWR equal treatment rights  (only where the Agency Worker is an agency worker for the purposes of the AWR) | |
| Calendar weeks already accrued towards the Qualifying period for the purposes of Regulations 7 and 8 AWR: | [the Employment Business must know how many weeks the Agency Worker has already worked at the Client in order to know when they will complete the 12-week Qualifying Period] |
| Collective facilities: | [to be provided by the Client from day one of the Assignment] |
| Any additional pay: | [an agency worker who completes the 12-week Qualifying Period is entitled to the same rate of pay and other payments including commission and bonus, as the Client’s Comparable Employee] |
| Number of [paid/unpaid] annual leave days: | [an agency worker who completes the 12-week Qualifying Period is entitled to the same annual leave as the Client’s Comparable Employee] |
| Hours of work: | [an agency worker who completes the 12-week Qualifying Period is entitled to equal treatment in relation to working time, rest breaks, rest periods and night work] |

*This page is for the Client*

|  |  |
| --- | --- |
| Details of Client and Umbrella Company | |
| Name of the Client: |  |
| Nature of the Client’s Business: |  |
| Name of Client’s contact to report to on arrival: |  |
| **Umbrella Company name**, address and registered company number: |  |
| Umbrella CompanyVAT registration number: |  |
| **Name of Agency Worker** supplied by the Umbrella Company: |  |
| **Assignment details** | |
| Start date of assignment: |  |
| Likely duration of the assignment: |  |
| The type of work: |  |
| Location of work: |  |
| Hours of work: |  |
| **The experience, training, qualifications, and any authorisation necessary or required by law or a professional body:** |  |
| (a) Any known health and safety risks and (b) the steps the Client has taken to reduce those risks: |  |
| **Charges** | |
| Any expenses payable to the Umbrella Company: |  |
| Charge rate: | [You can breakdown the Charges into different elements if you wish – see Charges Schedule in Client terms if using the Combined Client Terms] |
| Intervals of invoice: |  |
| The length of notice required to terminate assignment if any: |  |
| **Period of Extended Hire:**  (only where the Conduct Regulations apply (i.e. the Umbrella Company and Agency Worker have not opted out of the Conduct Regulations) | |
| Notice period required where Client wishes to engage the Umbrella Company/ Agency Worker for a Period of Extended Hire: | [insert period agreed with Client] |
| Period of Extended Hire if the Client wishes to engage the Umbrella Company/ Agency Worker and avoid paying a Transfer Fee: | [insert period agreed with Client] |
| **[Insert name of the employment business] confirms that [insert Agency Worker’s name] of [insert Umbrella Company name] is willing to work in the assignment offered.**  [Note: this is a requirement of Conduct Regulation 19] | |

|  |  |
| --- | --- |
| Recruitment consultant’s contact details: |  |