**CHANGE IN ROLE**

**PAYROLL FORM**

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| **SECTION 1: EMPLOYEE DETAILS** |
| **SURNAME:** |  | **FIRST NAME(S):** |  |
| **PAYROLL NO:** |  | **SCHOOL/LOCATION:** |  |

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| **2. ADDITIONAL POST DETAILS** |
| **JOB TITLE:** |  | **NAME OF SCHOOL/LOCATION** |  |
| **TYPE OF ROLE:** | **TEACHER**  |[ ]  **SCHOOL BASED:** |[ ]
|  | **SUPPORT** |[ ]  **CENTRAL/SSC TEAM:** |[ ]
|  | **CENTRAL/SSC** |[ ]   |  |
| **START DATE (in Role):** |  |
| **END DATE (if fixed term/temporary):** |  |
| **START DATE (in Trust):** |  |
| **CONTINUOUS SERVICE DATE (if applicable):** |  |
| **WORKING PATTERN:** |  |
| **NO OF HOURS** **WORKED PER WEEK:** |  | **NO OF HOURS FTE:** |  |
| **NO OF WEEKS** **WORKED:** |  |  |  |
| **SALARY SCALE:** |  | **ANNUAL SALARY** **FTE (£)** |  |
| **SALARY SPINE** **POINT:** |  | **COST CODE:****\*Please use the cost centres below in yellow**  |  |
| **ALLOWANCE:** | **TLR1** | [ ]  | **COST CODE:****\*Please use the cost centres below in yellow** |  |
|  | **TLR2** | [ ]  |  |  |
|  | **TLR3** | [ ]  | **AMOUNT PER ANNUM** **(£):** |  |
|  | **SEN ALLOWANCE** | [ ]  |  |  |
|  | **OTHER (please specify:** |[ ]   |
| **AUTHORISATION (The form must be authorised by the Executive Business Manager)** |
| **NAME:** |  | **JOB TITLE:** |  |
| **SIGNATURE:** |  | **DATE:** |  |
| **APPROVAL (The form must be approved by the Headteacher or delegated budget holder)** |
| **NAME:** |  | **JOB TITLE:** |  |
| **SIGNATURE:** |  | **DATE:** |  |