**CHANGE FORM**

**(Contractual changes only)**

**For completion by Reach South and Academy Managers only. If the change is an additional post please use the Additional Post Payroll Form.**

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

|  |  |  |  |
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| **SECTION 2: NATURE OF CHANGE** | | | |
| **E.g. post, cost code, school, work base, role, hours, grade, salary etc. Do not use this form for change to bank details or change to emergency contact details** | | | |
| **Change from (Please detail the existing arrangement)** | **Change to**  **(Please detail the new change)** | **Reason for change**  **(What is the reason for the change e.g. increase of hours)** | **Effective date**  **(Date change effective from)** |
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| **If change is temporary when does it end?** |  |

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| **If a change of hours, please record the new working pattern below (start and end times**  **including breaks, where applicable)** | | | | | |
| **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Total Hours** |
|  |  |  |  |  |  |

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| **EXECUTIVE BUSINESS MANAGER** | | | |
| **NAME:** |  | **DATE:** |  |
| **SIGNATURE:** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **AUTHORISING OFFICER** | | | |
| **NAME:** |  | **JOB TITLE:** |  |
| **SIGNATURE:** |  | **DATE:** |  |