

HUMAN RESOURCES CONTRACT CHANGE FORM

Forename:		Department:	
Surname:		Date:	
Personal Ref No:		Current Job Title:	

DETAILS OF CONTRACTUAL CHANGES

CHANGE	JUSTIFICATION/REASON	END DATE	FUNDING APPROVAL NO.	
Extension to Fixed Term Contract			Agresso Funding Code:	
			Funding Approval No:	
CHANGE	VALUE	DATE EFFECTIVE	END DATE	FUNDING APPROVAL NO.
Contracted Hours (Please complete working pattern)				Agresso Funding Code:
				Funding Approval No:
Regrade (HERA)	Grade			Agresso Funding Code:
	SCP			HERA Roll No:
	Funding Approval No:			
Responsibility Allowance	£			Agresso Funding Code:
				Funding Approval No:
Market Supplement	£			Agresso Funding Code:
				Funding Approval No:
Other Payment	£			Agresso Funding Code:
				Funding Approval No:
Reason for Payment				

DETAILS OF STRUCTURAL CHANGES

CHANGE	TO	EFFECTIVE DATE	REASON FOR CHANGE
Job Title			
Department			
Name of reporting Manager			
Reporting Manager Responsibilities	YES <input type="checkbox"/> NO <input type="checkbox"/>	Human Resources will confirm who will be affected.	

WEEK ONE

MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		SUNDAY	
H	M	H	M	H	M	H	M	H	M	H	M	H	M

WEEK TWO

MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		SUNDAY	
H	M	H	M	H	M	H	M	H	M	H	M	H	M

Signed:		Date Signed:	
Print Name:		HRA Action Print:	
Position:		Contract Update:	YES <input type="checkbox"/> NO <input type="checkbox"/> Date sent:

