# **CONTRACT CHANGE FORM**

This form must be completed and sent to staffing@essex.ac.uk. Please ensure that copies of any required emails are sent with the form. \* Indicates a required field

EMPLOYEE DETAILS									
Personal Ref No*:		Department*:							
Forename*:		Current Job Title*:							
Surname*:		Position Ref*:							
Tier2/Skilled Worker Visa Holder*									

#### Funding Approval/Funding Cost Code

The full 11-digit funding code (made up of a 4-digit account code followed by the 7-digit cost code) must be provided along with the funding approval number, as supplied by the accountant.

#### **Fixed Term Contract Extension**

Please use this field to provide the date the contract is extended to and the reason the contract remains fixed term. New funding approval must be sought for an extension to a fixed term post. If appointing to a different post, please submit a new appointment form via **OnBase**.

## **Contracted Weekly Hours**

These are the hours set out in the contract as the typical working week. For those with notional hours, the full-time hours used is 36 per week.

CHANGE TYPE																						
CHANGE JUSTIFICATIO			ION/F	REAS	ON	NE	EW E		DATE			FUI	NDING	APPF	ROVAL							
Extension to Fixed Term Contract		tract												Fun	ding Co	ost Cod	le:					
		lidet												Fun	ding Ap	proval	No:					
Secondment:																						
CHANGE		NEW VA	ALUE		ST	FART	DATE			END [ if app	DATE licable	:)		FUI	NDING	APPF	ROVAL					
Contracted Week	y Hours:													Fun	ding Co	st Code	9:					
								Funding Approval No:														
Working Pattern Change: Please add pattern details in the section be			n below	,																		
Reason for change:																						
WEEK ONE	WEEK ONE																					
MONDAY	TUESDAY WEDNESDAY T		HURS	IURSDAY FRIDA			RIDAY	Y SATURDAY				Y	SUNDAY									
нм	н	Μ	Н		Μ	н			Μ		Н		M		н		Μ		н		Μ	
WEEK TWO (if required)																						
MONDAY	TUE	SDAY	Ň	VEDN	ESDA	Y	т	HURS	DA	(		F	RIDA	SATURDAY			Y	SUNDAY				
НМ	н	Μ	н		М		н		М		н		M		н		М		н		М	

ESSEX HOURS GLA/AL MODULE DETAIL									
CHANGE	ROLE TYPE:	MODULE CODE	STAR	T DATE	FUNDING APPROVAL:				
					Funding Cost Code:				
GLA/AL Module Detail (Essex hours only)					Funding Approval No:				
	DEPARTMENT			LINE MANAG	ER				

#### **Reporting Manager**

Every individual is assigned a Reporting Manager, someone who is responsible for that person. It is important that People & Culture is notified when areporting manager changes for an individual so that we can update the organisational structure.

### **Reporting Manager Responsibilities**

If a person now has responsibility for people as a manager, it needs to be clear who those people are so that we can ensure any people processes are directed to the correct Reporting Manager.

DETAILS OF STRUCTURAL CHANGES							
CHANGE	то	EFFECTIVE DATE	REASON FOR CHANGE				
Job Title							
Department							
Name of reporting Manager							
Reporting Manager Responsibilities		Confirm the name of the new reporting man- staffing@essex.ac.uk	ager taking on reportees to				

## HERA Regrade

Please use this field only when you have been informed of a change to a role's grade via the HERA process. Funding approval must be sought prior to a HERA submission. For more information about job evaluation and grade changes, please email <u>hrer@essex.ac.uk</u>.

#### **Responsibility Allowances**

Responsibility allowances are temporary extra payments for undertaking additional duties and responsibilities for a finite period of time. Only those that have been approved via the Responsibility Allowance Policy and have the necessary approval will be actioned.

DETAILS OF PAYMENT CHANGES							
CHANGE	NEW GRADE & SCP	EFFECTIVE DATE	HERA ROLE NO.				
		(1 <sup>st</sup> of month following submission)					
HERA Regrade							
			FUNDING APPROVAL				
			Funding Cost Code:				
			Funding Approval No:				
CHANGE	MONTHLY GROSS AMOUNT	EFFECTIVE DATE	END/REVIEW DATE				
Responsibility							
Allowance			FUNDING APPROVAL				
			Funding Cost Code:				
			Funding Approval No:				

APPROVAL									
Signed:		Date Signed:							
Print Name:		Position:							