|  |  |
| --- | --- |
|  | **CONTRACTUAL CHANGE FORM** For use by Managers to notify HR and Payroll of changes to an employee’s job details. |
| **PART A**  | EMPLOYEE DETAILS**Parts A to C must be completed at all times** |  |
| Name: |  | Pay Number: |  |
| Current Post Title: |  | Place of Work: |  |
| Reporting Manager: |  | Position Reference for Reporting Manager\*: |  |
| \*If you are the line manager you can find your position number by logging in to MyHR, selecting Employment from the menu at the top of the screen and clicking the tile for your current position. If one of your direct reports is the line manager you can find their position number by logging into Manager Self Service in iTrent, selecting the employee and clicking on the position title in the Employment tile at the top right of the front screen. Position numbers will always start with a J |
| **PART B** | TYPE OF CHANGE |  |
| Please indicate the type(s) of change below with an **X** and provide details in the corresponding sections of Part D.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Extend/Change in Working Hours |  | 2. | Change in Working Weeks |  | 3. | Change of Status |  |
| 4. | Change to Workplace |  | 5. | Additional/Change of Post |  | 6. | Acting Post |  |
| 7. | Secondment |  | 8. | Additional Duties |  | 9. | Payment of Allowance (shift, contractual overtime etc) |  |

 |
| **PART C** | EFFECTIVE DATE OF CHANGE |  |
| Start Date: |  |  |  |  |  |  | Is it a permanent change? | Yes | No |
|  |
| End Date: |  |  |  |  |  |  |  |
| **PART D** | DETAILS OF CHANGE |  |
|  |  | Current |  | New |
| 1. | Change in Working Hours (working pattern information below **MUST** be completed) |  |  |  |
| 2. | Change in Working Weeks |  |  |  |
| 3. | Change in Status |  |  |  |
| 4. | Change to Workplace |  |  |  |
| iTrent holds details of employees working patterns and it is essential that the table below is completed for **all changes in working hours or working pattern** (with the exception of sessional staff in Education and staff in residential settings in Social Policy). **Please only complete the number of weeks the working pattern rotates over** |
|

|  |  |  |
| --- | --- | --- |
| Working Pattern Start Date |  | Please note the hours and decimals per day in each column |
|  | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Sat** | **Sun** | **Total** |
| **Week 1** |  |  |  |  |  |  |  |  |
| **Week 2** |  |  |  |  |  |  |  |  |
| **Week 3** |  |  |  |  |  |  |  |  |
| **Week 4** |  |  |  |  |  |  |  |  |
| **Week 5** |  |  |  |  |  |  |  |  |
| **Week 6** |  |  |  |  |  |  |  |  |

 |
| 5. | Additional Post/ Change of Post: | New Post Title: |  |
| New Post Number: (HR use only) |  | Place of Work: |  |
| New Post Salary Band: |  | Salary Point: |  |
| Reason for Change: |
|  |
| 6. | Acting Post Title: |  |
| Acting Post Number: (HR use only) |  | Place of Work: |  |
| Acting Salary Band: |  | Salary Point: |  |
| Reason for change and any other relevant information |
|  |  |  |  |
| 7. | Seconded Post Title: |  | **Internal/External**(if external secondment agreement must be forwarded to HRChanges@westlothian.gov.uk) |
| Seconded Post Number: (HR use only) |  | Place of Work: |  |
| Seconded Salary Band: |  | Salary Point: |  |
| Reason for change and any other relevant information |

|  |  |  |  |
| --- | --- | --- | --- |
| 8. | Additional Duties Payment | Payment Amount: |  |
| Reason for payment including a brief description of the duties: |

|  |  |  |  |
| --- | --- | --- | --- |
| 9. | Payment of Allowance(shift, contractual overtime) | Allowance Amount: |  |
| If the payment is for contractual overtime, the number of hours should be provided. For shift working then the % and description of working arrangement should be noted. |
|  |

**AUTHORISED BY**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Signature: |  |
| Post Title: |  | Date: |  |
|  |  |  |
| FOR HR USE ONLY |
| HR Operations Stamp | Payroll Calculations |