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Contractual Change

HR Division

03/20

**Generally-funded posts:** Please complete and email to your Finance Team for approval

**Research-funded posts:** Please complete and email to your [Research Services Office](http://www3.imperial.ac.uk/researchservices/aboutus/whoresearchsupportis) for approval.

# Split-funded posts: Please include authorisations from all relevant parties

Once financial approval has been obtained please email this form to the [HR Staff Hub](https://www.imperial.ac.uk/human-resources/ask-staff-hub/).

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| **Please enter current information (i.e. prior to any contractual changes requested on this form)** |
| College Identifier (CID) |  | Title:  |       |
| Surname:  |  | First name(s):  |       |
| Job Family: |  | Dept/Division |  |
| Job Level:  |  | Section/Group: |  |
| Spine Point:  |  | Name of Supervisor: |  |

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| **Section A – Fixed Term Contract extensions:**Based on the Fixed Term Employees (Prevention of Less Favourable Treatment) Regulations (October 2002) any fixed term contract submitted for extension or renewal should have a justifiable, objective reason for it to continue to be fixed term and should be in line with the maximum period of employment permitted on fixed term contracts. Please refer to the College's [guidance on Fixed Term Workers](http://www3.imperial.ac.uk/hr/procedures/support/fixedtermworkers).  |
| Please tick to confirm which one of the following applies:  |  |  |
| 1. contract changes to open-ended [ ] 2. contract continues as fixed term [ ] Reason why contract to remain fixed term:  | If either the fixed term contract will extend for longer than 6 months from the original start date, or the contract change is to open-ended, the post must have been advertised. If either of these apply, please provide the job reference number:  |  |
| Original start date:  |       | Existing contract/funding expiry date:  |       |  |
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| Start date of contract/funding extension: |       | Expiry date of contract/funding extension:  |       |  |
|  |
| % full time equivalent |      % | Additional payments/enhancements |       |  |
|       hours per week**Days to be worked (if known)**       |  |
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| Section B – Other contractual changes: |
| Effective date of change |        | Expiry date (if applicable) |       |
| Type of change requested *(please tick all that apply)* |
| New reporting line [ ]  | Increase/decrease in hours [ ]  | Change to open-ended appointment [ ]   |
| New job title [ ]  | New work location [ ]  | Change due to member of staff’s request [ ]  |
| Flexible arrangement [ ]  | Adjustment for sickness [ ]  | Additional payments [ ] (e.g. acting up allowance) |
| Other reason for change *(please specify):*Details of change: |

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| **Section C – Changes to working pattern** |
| Effective date of work pattern change: |       |
| New Work pattern type: |       |
| **For part time staff only *(excluding shift rotations):*** please complete only one section below: |
| **Complete if working the same number of hours on each day worked by ✓ boxes below, leaving non- working half days blank** | **Complete if working varying hours across the week, leaving non-working days blank:** |
| Monday: AM: [ ]  PM: [ ]  | Monday: Hours worked:       |
| Tuesday: AM: [ ]  PM: [ ]  | Tuesday: Hours worked:       |
| Wednesday: AM :[ ]  PM: [ ]  | Wednesday: Hours worked:       |
| Thursday: AM : [ ]  PM: [ ]  | Thursday: Hours worked:       |
| Friday: AM : [ ]  PM: [ ]  | Friday: Hours worked:        |
| Saturday AM : [ ]  PM: [ ]  | Saturday: Hours worked:       |
| Sunday: AM : [ ]  PM: [ ]  | Sunday: Hours worked:       |
| **For staff working shift rotations only:** please complete the sections below: |
| **Work pattern start day**: Choose an item. |  **If working shifts in days:**State daily pattern *(e.g. 4 days on, 4 days off):*       |
| Select whether days stated below are worked in days or hours: Choose an item. |
| **Select shift pattern from drop down list:** |
| Day 1 Choose an item. | Day 6 Choose an item. |
| Day 2 Choose an item. | Day 7. Choose an item. |
| Day 3. Choose an item. | Day 8. Choose an item. |
| Day 4. Choose an item. | Day 9. Choose an item. |
| Day 5. Choose an item. |  |

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| **Section D – Disclosure and Barring Service (DBS) – complete for new job or changed duties**Is a DBS check required for the new/changed role Yes [ ]  No [ ]  **if yes;**Does the individual already hold a DBS certificate Yes [ ]  No [ ]  **if yes;**Is their current certificate at the correct level for the new role/changed dutiesYes [ ]  No [ ]  |
| **Select either new certificate level required or current certificate level which is relevant for role:** |
| **Level of DBS check** Choose an item. | Workforce: Choose an item. |
| *Refer to the* [*Disclosure and Barring Service checks guidance notes for managers*](http://www.imperial.ac.uk/human-resources/procedures/recruiting-staff/disclosure-and-barring-service/)*. If you have any queries or advice on the correct level of DBS clearance, contact* *Staffdbs@imperial.ac.uk*. *and provide JD if advice on DBS check level needed.* |

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| **Section E – Funding Details** |
| **Generally-funded posts:** Please confirm that the post is specifically provided for in the current budget/planning round and provide the spreadsheet number and line reference.  |
| Spreadsheet number/line reference |  |
| **Research-funded posts:** |  |
| Named on research grant:  | Yes [ ]  No [ ]  |
| Research funding source/sponsor: |  |
| Sponsor’s Reference: |  |

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|  **All posts** |
|  | Please provide the GL and/or POETA account code(s) for the post. Please see the [Finance division website](http://www3.imperial.ac.uk/finance/) for information about account codes if you are uncertain.  |
|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  | **%** |  |
|  | *Effective date:*       |
|  |
|  | List additional code(s) if split funding: |
|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  | **%** |  |
|  | *Effective date:*       |
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|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  | **%** |  |
|  | *Effective date:*       |
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|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  | **%** |  |

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|  |  *Effective date:*      Please indicate the previous charge code(s) if different from above: |
|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  | **%** |  |
|  | *Effective date:*       |
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|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  | **%** |  |
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| *Effective date:*       |

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| **Comments** |
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| **Departmental/Divisional/School/Institute Authorisation Details** |
| Name:  |  | Date:  |  |  |
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| **Finance Approval (F, G, L, N codes)** |
| Name:  |  | Date:  |  |  |
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| **Research Services Approval** (P code) |
| Name:  |  | Date:  |  |  |
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| **Faculty Approval (for non budgeted contract extensions only)** |
| Name:  |  | Date:  |  |  |
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