**Working Pattern Change**

**HR Division**

**08/17**

Please complete this form to notify a change in working pattern of a member of staff where there are **no** contractual changes including no change to the total number of working hours. For contractual changes, please complete a [Contract Change form](http://www.imperial.ac.uk/media/imperial-college/administration-and-support-services/hr/public/form/a-d/ContractualChange.doc) instead.

Once complete please email this form to your [HR team](http://www.imperial.ac.uk/human-resources/contact-us/). Please retain a copy of this form for your own records.

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| **Please enter the member of staff’s personal details:** |
| College Identifier (CID) |  | Title:  |       |
| Surname:  |  | First name(s):  |       |
| Dept/Division |  |  |  |

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| **Please enter the new work pattern:** |
| Effective date of change: |       |
| New Work pattern type: | Choose an item. |
| **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:       |
| **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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| Additional comments:       |

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| Name of manager requesting change:       | Date:       |