

HOURS AND DAYS CHANGE

OFFER AND ACCEPTANCE

STAFF DETAILS

Staff name: Job title:

School/Institute/Section:

Org unit no: or Org unit name:

Campus: Formal Manager:

Start Date: End date:

Current FTE: New FTE:

NEW WORKING DAY PATTERN

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Week 1							
Week 2							

REASON FOR THE CHANGE

AUTHORISATION

Where this change involves an increase in FTE and associated costs, I confirm that I have obtained the approval of this expenditure.

Manager Signature:

Manager's Name :

Date:

ACCEPTANCE OF CHANGE OF HOURS/DAYS OF WORK

In accepting the above change to my hours and/or days of work, I acknowledge that this will result in a variation to my terms and conditions of employment. As such, I am entitled to take independent advice on these changes, and in accepting these changes I confirm that I have had sufficient time to take advice.

Staff's Signature:

Staff Name:

Date:

Once approved, the form should be signed by the staff member.

As no confirmation letter will be sent by HR Services, please ensure both the staff member and the manager retain a copy of this form for their records. Once completed and approved, this form can be sent to HR Services PN 202 for processing.

