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| TREETOPS HOSPICE CARENOTIFICATION OF CONTRACTUAL CHANGE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EMPLOYEE DETAILS - (Complete All Boxes) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name\* |  | | | | | | | | | | | | Home Address (including Post Code) | | | | | | | |  | | | | | |
| First Name\* |  | | | | | | | | | | | |
| Title |  | | | | | | | | | | | |
| Employee No |  | | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **PROPOSED** CONTRACTUAL **DETAILS (TO)**  (Select Where Applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Department\* | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Section\* | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Location\* | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Job Title \* | | | From:       To: | | | | | | | | | | | | | | | | | | | | | | | |
| Salary or Hourly Rate\* | | | From: £       To: | | | | | | | | | | | | | | | | | | | | | | | |
| Basic Hours\* | | | From:       To: | | | | | | | | | | | | | | | | | | | | | | | |
| New Working Days | | | SUN | | | | MON | | | TUES | | | | WEDS | | | | THURS | | | | FRI | | | SAT | |
|  | | | AM | | PM | | AM | | PM | AM | | PM | | AM | | PM | | AM | PM | | | AM | | PM | AM | PM |
| Pattern of Hours Worked | | |  | |  | |  | |  |  | |  | |  | |  | |  |  | | |  | |  |  |  |
| Comments: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Supplementary Payments | | | | | | £ | | | | | | | | | | |  | | | | | | | | | |
| **REASONS FOR CHANGE** -(Complete All Boxes) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reason For Change\* | | | |  | | | | | | | Effective Date of Change \* | | | | | | | | | 14/02/2020 | | | | | | |
| Perm/Temp Change\* | | | |  | | | | | | | If Temp, Please Specify Duration of Contract or End Date | | | | | | | | |  | | | | | | |
| AUTHORISATION - (Complete All Boxes) Manager must be receiving section manager in the case of transfer | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Signed** | | | | | | **Print Name** | | | | | | | **Job Title** | | | | | | | | **Date** | | | |
| **Manager\*** | |  | | | | | |  | | | | | | |  | | | | | | | | Click here to enter a date. | | | |
| **Senior Manager** | |  | | | | | |  | | | | | | |  | | | | | | | | Click here to enter a date. | | | |
| **HR** | |  | | | | | |  | | | | | | |  | | | | | | | | Click here to enter a date. | | | |
| *electronic signatures are accepted unless the content is in dispute*  **Please return to HR@treetopshospice.org.uk or signed hard copy to HR** | | | | | | | | | | | | | | | | | | | | | | | | | | |

# \*Failure to complete all these boxes may cause a delay in processing