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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