**Change Form**

Contractual changes - Please submit completed forms to HR: [HR@bebcmat.co.uk](mailto:HR@bebcmat.co.uk)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Details of Change** | | | | | |
| **NAME:** |  | | | | |
| **SCHOOL:** |  | | | | |
| **CURRENT POST:** |  | | | | |
| **NEW POST:**  *(if applicable)* |  | | | | |
|  | | | | | |
| **EMPLOYEE AMENDMENTS:** | Please complete where there is a change | | | | |
| **Hours change:** | **Old value:** | |  | **New value:** |  |
| **Weeks Worked (TTO):** | **Old value:** | |  | **New value:** |  |
| **Grade:** | **Old value:** | |  | **New value:** |  |
| **Scale Point:** | **Old value:** | |  | **New value:** |  |
| **Additional payment:**  *(give details)* | **Payment type:** | |  | **Amount:** |  |
| **Contract Extension:** | **Extend to:** | | |  | |
| **Working pattern:** | **Monday  Tuesday  Wednesday  Thursday  Friday** | | | | |
| **Has this been agreed with Finance** | **YES / NO** | | | | |
|  | | | | | |
| **Additional Details / other information:** |  | | | | |
| **Effective Date of Change:** |  | | | | |
|  | | | | | |
| **Deadlines:** Please ensure forms are submitted prior to the payroll deadline (15th of the month) to enable input and action onto the system. | | | | | |
| **Headteacher signature:** | |  | | | |
| **Date:** | |  | | | |