1. **EMPLOYEE INFORMATION**

|  |  |
| --- | --- |
| Employee name: |  |
| Staff ID: |  |

1. **REQUIRED CHANGE**

|  |  |
| --- | --- |
| Is this a new appointment or an extension to a current post? | New appointment / extension\* |
| Senior Role title *including area:*  *E.g.: Associate Dean Research* |  |

\*Please complete the appropriate section below A) new appointment; B) extension)

\*For appointments in the **Faculty of Medicine** please indicate where a change to the HoAU post class is required. I.e. the previous incumbent was ERE, and new incumbent is Clinical.

|  |  |  |
| --- | --- | --- |
| **SECTION A – NEW APPOINTMENT** | | |
| FTE %  Work Pattern (if known) |  | |
| Effective from date: |  | |
| End date: |  | |
| Cost centre subproject code: |  | |
| Details on appointment process. | | |
| ***This section needs to include the following points****:*   * *How were expressions of interest gathered* * *What where the responses (numbers, gender balance)* * *How was shortlisting conducted and by whom* * *Constitution of the selection panel* * *Outcome of the interviews/rationale for the decision* * *Details of external engagement where appropriate* | | |
| Current occupant of the senior role: | |  |
| Current occupant’s end date: | |  |
| Will the above named current occupant be taking a sabbatical once their tenure ends? | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION B – FOR AN EXTENSION/ VARIATION** | | | |
| Previous end date: |  | |
| New end date: | |  |
| Original start date in this role:  Does this take the current tenure over 5 years? | |  |
| Cost centre subproject code: | |  |
| Reason for the extension/ variation\*: | | |
| ***A full rationale for why there is an extension – particularly if it extends beyond 5 years***.  Please refer to ordinances [here](http://www.calendar.soton.ac.uk/sectionIII/ordinances-part1.html), for maximum tenure for each role. A typical HoAU/AD tenure would be a three-year initial appointment and then a two-year extension. | | |

1. **REQUEST SUBMITTED BY DEAN**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Signature: |  | Date: |  |

1. **RETURN TO**

Please submit the completed and signed instruction to Lisa Hadzidimitriou, in the HR Talent team in one of the following ways:

|  |  |
| --- | --- |
| By email | [HRTalent@soton.ac.uk](mailto:HRTalent@soton.ac.uk) |
| In person/by post: | HR Talent, Building 26, Highfield Campus |

**5. HR TALENT USE ONLY**

|  |  |
| --- | --- |
| ***Post number and Grade:*** |  |
| ***Allowances:*** |  |