1. **EMPLOYEE INFORMATION**

|  |  |
| --- | --- |
| Employee name: |  |
| Employee number: |  |
| Academic Unit/Service: |  |
| Post name: |  |
| Post number: |  |
| Cost centre subproject code: |  |

1. **REQUIRED CHANGE**

To ensure any changes to salary are implemented effectively, please advise HR of the required changes as early as possible (ideally by the 10th of the month).

|  |  |
| --- | --- |
| Is this a variation to or extension of their contract? | Variation/extension\* |

\*Please complete the appropriate section below (A) variation; B) extension), attaching any supporting documentation to this instruction as appropriate.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION A – FOR A VARIATION** | | | | | | | |
| Variation details (increase/decrease in hours, etc): |  | | | | | | |
| Date the change should start from: |  | | | | | | |
| Date the change should end: |  | | | | | | |
| Revised work pattern (if applicable):  Days/hours | Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|  |  |  |  |  |  |  |
| Cost centre subproject code: | Unchanged/(Supply new code) | | | | | | |
| Reason for the variation: | | | | | | | |
|  | | | | | | | |

|  |  |  |
| --- | --- | --- |
| **SECTION B – FOR AN EXTENSION** | | |
| Date the contract should be extended to: |  |
| Reason for the extension\*: | |
|  | |
| Does the employee have an NHS honorary contract/Research Passport? | NHS honorary contract/Research passport/Neither |
| If yes, from which Trust? |  |
| If yes, should this be extended as well? | Yes/No/NA |

\*University policy requires that there is clear objective justification for maintaining an individual on a fixed term contract, and in particular where it would take their service to over one year. Such justification includes:

1. The post requires specialist expertise or recent experience not already available within the institution in the short term.
2. To cover staff absence where there is likely to be a return to post (eg: parental and adoptive leave, long-term sickness, sabbatical leave or secondment).
3. The contract is to provide a secondment or career development opportunity.
4. Input from specialist practitioners.
5. Where the student or other business demand can be clearly demonstrated as particularly uncertain.
6. Where there is no reasonably foreseeable prospect of short-term funding being renewed, nor other external or internal funding becoming available or becoming unavailable.
7. **REQUEST SUBMITTED BY**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Academic Unit/Service: |  | | |
| Email: |  | | |
| Signature: |  | Date: |  |

1. **APPROVAL**

|  |  |  |  |
| --- | --- | --- | --- |
| Head of Academic Unit/Service: |  | Date: |  |
| Dean/COO/Registrar: |  | Date: |  |
| Faculty/Service Finance Manager: |  | Date: |  |

1. **RETURN TO**

Please submit the complete and signed application to HR via ServiceNow: <https://sotonproduction.service-now.com/soton/hrBroken.do>

|  |  |  |  |
| --- | --- | --- | --- |
| **HR USE ONLY** | | | |
| Work permit/leave to remain? | Yes/No | Visa? | Yes/No |