

## Contract Variation

<b>School</b>	
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<b>Assignment No</b>						-		
<b>Surname</b>					<b>Forenames</b>			
<b>Change to an existing position</b>								
<b>New Position Number</b>			<b>New Job Title</b>					

Only Complete Sections below where information has changed.

Description	Effective date of change	From (value)	To (value)	Other information
Pay Band/Grade				
SCP Point				
Hours worked				
Weeks worked				
Conditions of Service				

	Description	Action					Date Effective From	Date to (if Temporary)	Amount
		New	Change	Delete	Hours	Weeks			
<b>Allowances</b>									
<b>Deductions</b>									

<b>Other information:</b>

<b>Authorised Signatory</b>		<b>Date</b>	
<b>Print Name</b>		<b>Designation</b>	

Note: As per standing Schools Financial Regulations, this form must be authorised by a designated Officer employed by the school. Please submit completed forms to HR Transactional Services via our webxchange address: T3339986\_HR\_Pay\_ (name of your school).

**Payroll Use Only:**

<b>Actioned to Payroll by</b>		<b>Date</b>	
<b>Arrears Calculated</b>	Yes/No	<b>Date</b>	