

Contract Variation

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

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			
Allowances									
Deductions									

Other information:

Authorised Signatory		Date	
Print Name		Designation	

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:

Actioned to Payroll by		Date	
Arrears Calculated	Yes/No	Date	