Line managers (or their delegates) should use this form to tell us about a change to a contract. Changes need to be submitted to [hr-operations@soas.ac.uk](mailto:hr-operations@soas.ac.uk) by the 7th to be processed in that month.

1. **We will assume you have financial authority for this change.** For Research posts, prior authorisation is needed from the Research and Enterprise Office.
2. Where relevant HR will confirm the change by email with the individual.

|  |  |  |  |
| --- | --- | --- | --- |
| **YOUR DETAILS** | | | |
| Name |  | Contact number |  |

*N.B. We will usually reply to the email address used to submit the form*

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME OF PERSON** | | | |
| Name |  | Job Title |  |
| Department |  | Line Manager |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ABOUT THE CHANGE** | | | | | | | | | |
| Type of change | | Choose an item. | | | | | | | |
| Date the change should start from: | |  | | | | | | | |
| Date the change should end (or N/A): | |  | | | | | | | |
| **Complete any boxes where there has been a change** | | | | | | | | | |
| Job Title |  | Department | | |  | | | | |
| Line Manager |  | Direct Reports | | |  | | | | |
| Grade |  | Weekly Hours | | |  | | | | |
| Cost Centre (please add your 4 letter Cost Centre if part of the change) |  | Account Code  (please choose from the drop down list if part of the change) | | | Choose an item. | | | | |
| JD attached |  | Salary (point, £p.a.) | | |  | | | | |
| *London Weighting Allowance will be* ***added*** *based on grade and weekly hours* | | | | | | | | | |
| **Revised working pattern**  Write the usual number of hours against each day | | Sun | Mon | Tue | | Wed | Thu | Fri | Sat |
|  |  |  | |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **CHANGES IN SALARY/ ALLOWANCES** | | | |
| Name of Allowance starting | Choose an item. | Value (£ p.a.) |  |
| Name of Allowance ending | Choose an item. | Name of Continuing allowance | Choose an item. |
| **REASON FOR EXTENDING A FIXED TERM CONTRACT** | | | |
| Choose an item. | | | |

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| **Use this box to tell us anything else that you think might be useful** |
|  |