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dvognus Limited

Employment Change / Payroll Variation Form

Name:							
Surname:							
Employee number:							
Effective date of cha	ange:						
	Current d	etails			Nev	w details	
Manager's name:				Manager's n	ame:		
Directorate:				Directorate:			
Dept. /Team:				Dept./Team:	1		
GL Code / Cost Code::				GL Code / Cost Code::			
Job title:				Job Title (if changed):			
Grade / Spinal point:				Grade /spinal point:			
Salary:				Salary:			
Hours:				Hours:			
Contract type:				Contract type:			
Unpaid/ other leave Start date				Unpaid/ other leave End date:			
Reason for change	2:			•		1	
(if unpaid / other leaves specify which type of reason for leave)							
Working pattern	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week 1							
Week 2							
Week 3							
Week 4							
Addendum to State I confirm that the Portion consultation meeting Statement of Particle to automatically temporary variation back to the previous	ersonal and E ag with manag ulars as stated return to my a, as appropria	mployment degement in relation in this form. It is the content of the content in	ation to the prop I understand th nditions of empl hat when a temp	oosed variatior lat the effect o loyment to wh porary variatio	n(s) and I agr f a cessation at they were n ends, my t	ee to the variation of any tempora or would have	ion(s) to my ary variation will been but for the
*SIGNED by EMPLOYEE:				*Date:			
*Print name:							
I confirm that the Potaken place with the necessary approvals	e employee a	nd I authorise					
*SIGNED by MANAC	SER:				*Date:		

*Print name:....*Cost code:.....*

The form is to be emailed to HRhelpdesk@kingston.gov.uk or Hrhelpdesk@sutton.gov.uk and must be emailed from/ received from managers email account. Any completed forms which does not come via this route will not be accepted.