Fixed Term Contract Change Form

Details for form:

* Please complete this form with as many detail as possible per employee & return to the HR team
* Deadline for monthly changes are the 6th of the month (that take effect in this payroll month)
* Any changes not received by the 6th Month will not be processed by the HR team in Core & may not be backdated
* If the HR team do not receive the changes in time then the fixed term contract procedure will be started and employees will receive letters regarding their end of employment.

Staff Details:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Casual contract? | Y / N |
| Job Title: |  | | |
| Research Group: |  | | |
| Salary Grade: |  | | |

Reason for Change:

|  |
| --- |
| Contract Extension (Part A)  Funding Change (incl. allowances) (Part A)  Change of Contract or FTE (Part B) |

PART A

Change in Funding/ Contract Extension/ Changing an Allowance

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| EXISTING DETAILS | | | | |
| Contract End Date |  | | | |
| FTE |  | | | |
| NEW DETAILS | | | | |
| Change Effective From: |  | | | |
| Contract End Date: |  | | | |
| Monthly Allowance (Grade equivalent or £): |  | | | |
| Allowance End Date: |  | | | |
| FTE: |  | | | |
| Cost Centre (required)  Provide the full funding code e.g. HNR000xxx  (Add rows if necessary) | Funding start date | Funding end date | % Split (total 100) | Cost Centre/ Project Code |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

PART B

Change in Contract (move to open-ended or change in FTE)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| EXISTING DETAILS | | | | |
| Contract End Date |  | | | |
| FTE |  | | | |
| NEW DETAILS | | | | |
| Change Effective From: |  | | | |
| Contract End Date |  | | | |
| FTE |  | | | |
| Cost Centre (Source of Funds)  Provide the full funding code e.g. HNR000xxx  (Add rows if necessary) | Funding start date | Funding end date | % Split (total 100) | Cost Centre/ Project Code |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Print Manager’s Name |  | Date |  |
| Manager’s Signature |  | Job Title |  |

Please return to HR Team – [hr@paediatrics.ox.ac.uk](mailto:hr@paediatrics.ox.ac.uk)

As well as the Grants Team [grants@paediatrics.ox.ac.uk](mailto:grants@paediatrics.ox.ac.uk)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ADMIN TEAM ONLY | | | | | | | | | | |
| Funding checked by Grants Team: | | | | | | | | | | |
| Approve funding check |  | Reject funding check & return to manager | | | | | |  | | |
| Finance team approval: |  | | Date |  |  |  |  | |  |  |
| HR input onto Core by: |  | | Date |  |  |  |  | |  |  |