



Change To Employee Terms and Conditions HR 102

This Form is to be used when there is a change to employee's contractual terms and conditions due to one of the reasons listed in Section 2. This form should be completed by the line manager in conjunction with the employee, and must be approved by the appropriate authorised/delegated officer and forwarded to Personnel Administration, Human Resources. Please complete form in Block Capitals/Tick appropriate boxes.

Section 1. Employee Details

Surname	First Name												
Grade	Personnel Number												
Work Location	PPS No												

Section 2. Reason for Contract Change Place (ü) in appropriate box

Promotion		
Grade Change		Renewal of Contract
Cessation of Temporary Appointment		Allowances
Career Pathway		Temporary to Permanent Contract
Return from Career Break	Reference Number:	Transfer
Change of Contract Hours / WSR		NCHD Extension of Contract

Section 3: Effective Dates

Date Change Effective from	Date Change Effective to (If appropriate)

Section 4. Organisation Details

Position Number to be assigned														Position Name:											
Personnel Area:														Grade Code:											Cost Centre :
Employee Group																									
Permanent					Temporary					Officer					Non Officer										
Employee Sub Group																									
Whole time					Casual					Fees/Sessions					Flexible Working										
Contract type																									
Indefinite Duration					Indefinite Duration Std T&Cs					Fixed Term					Fixed Term Std T&Cs										
Indefinite Duration Std T&Cs 06/2014					Fixed Term Std T&Cs 06/2014					Specified Purpose Std T&Cs 06/2014															
If on a Temporary Contract please confirm contract expiry date																									
Probation period to be served					Yes					No					If yes, Probationary period end date										



Section 5. Working Week

Standard Full Time hours for this grade		Weekly Contracted hours (use decimals)	
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Work Schedule Rule details

Working Week	Mon – Fri 5/5	Mon – Sun 5 / 7
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Note if an employee works a Monday to Friday roster they are classed as 5/5. These employees will never be paid Saturday allowance, Sunday premiums or Public Holiday premiums. Alternatively if an employee may work on a Saturday or Sunday they are classed as 5/7, this will allow them to be paid the relevant allowances and premiums

Weekly Work Schedule Rule*		Start week of Rotational Roster	
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* (If employee is casual, enter HRPD)

Link to Weekly Work Schedule Rule list [ALL HSE AREAS 56 Period Work Schedule and Work Schedule Rules](#)

Section 6. Pay Details

Annual Salary		Level (point on Scale)	
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Pay Scale Type		Pay Scale Area	
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Grade Code							
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Next Increment due							
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Payroll Area :	
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Section 7. Allowances

Complete this section if the contract change results in the payment / cessation of an allowance (Otherwise allowances currently payable will continue to be paid).

Are allowances applicable to this position Yes No Attach supporting documentation if appropriate.

Allowance	Amount/Unit	Effective Date	Pay Allowance	Cease allowance payment	Wage Type/ Pay Code

Section 8. Employee Declaration

I declare that the above information is accurate and correct on the date indicated below.

Signature:	Date:							
Name:	Grade:							
Email Address:	Mobile Number:							

Section 9. Line Managers Declaration

I declare that the above information is accurate and correct on the date indicated below.

Name:	Grade:							
Signature:	Date:							
Contact Phone Number:	Mobile Phone Number:							
E-mail Address:								

Section 10. Delegated Officer Approval – Regional HR

Name:	Signature:							
Contact Phone Number:	Date:							