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| PKC LogoChange of Circumstances Form **FOR ESTABLISHMENT APPROVAL PROCESS**  **Please complete all the relevant fields below** ([EAP GUIDANCE ON ERIC](https://www.pkc.gov.uk/article/22008/Employment-information-Vacancy-Management-and-Establishment-Approval-Process)) |

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| **EMPLOYEE INFORMATION (COMPLETE ALL)** | |
| **Employee Name** |  |
| **Payroll Number** (6 digit number) |  |

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| **CURRENT/OLD POST INFORMATION (COMPLETE ALL)** | | | | |
| **Service** |  | | | |
| **Division** |  | | | |
| **Section/ Org Unit/ School** |  | | | |
| **Post Number** (10 digit number shown on MyView) |  | | | |
| **Post Title** (as approved at job evaluation / job sizing) |  | | | |
| **Work Location** |  | | | |
| **Job Grade** |  | | | |
| **Position Status** |  | no. of term-time days | |  |
| **Hours per week (excluding Teachers)** | Hours       Minutes | | Reason if more than 36 hours | |
| **Hours per week - Teachers ONLY**  (Click [here](https://www.pkc.gov.uk/media/49018/Calculator-Class-Contact-Time/xlsx/Calculator_-_Class_Contact_Time.xlsx?m=637739552362530000) to use a calculator) | Hours       Minutes  Class Contact Time  (Max 22.5 hours) | | Hours       Minutes  Paid Hours  (Class Contact x 155.556%) | |
| **Source of Funding**/**Budget Code & Budget Holder** (include the first 11 digits of the Budget Code) |  | | | |

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| **DESCRIPTION OF CHANGE AND NEW INFORMATION (COMPLETE ALL RELEVANT ITEMS)** | |
| **Change Proposed** |  |
| **New Details – IMPORTANT** (Provide all details regarding the proposed change including **ALL** the new information eg new post number, location, hours, reporting line, grade, salary, scale point, budget code, etc) |  |
| **Permanent or Temporary Change**  (select ‘Temporary’ if an extension of an existing temporary arrangement) |  |
| **Reason for Change** (this will be communicated to the employee in the letter confirming contractual change) (ALSO, if the change is only on a temporary basis, select the reason why it is temporary) |  |
|  | **Temporary Change Reason:** |
| **Effective Start Date** | Click here to enter a date. |
| **Temporary End Date** | Click here to enter a date. |
| **Will Shift or Night Allowance Be Payable?** |  |
| **First Aid Allowance Continue?** |  |
| **Does this request impact on the employee’s current access to MyView or Optimum (if applicable)?** |  |

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| **WORKING PATTERN / SHIFT (If more than 2 weeks please enclose** [**work pattern form**](https://www.pkc.gov.uk/media/47538/Copy-of-Work-Patterns-Form-v7/pdf/Copy_of_Work_Patterns_Form_v7.pdf)**)** | | | | | | | | |
| **Standard Working Pattern?** (A full working pattern must be provided for employees who work part-time or do not have a standard 36 hours work pattern of 7 hours 12 minutes per day, Monday to Friday or normal Teacher work pattern of 35 hours per week.) | | | | | | |  | |
| **Length of working pattern** (eg 1, 2, 3 weeks, etc) | | | | Week(s) | | | | |
| **Week 1** | | | | | | | | |
| **Day** | **Working Day?** | **Session 1**  **Start Time** | **Session 1**  **End Time** | | **Session 2**  **Start Time** | **Session 2**  **End Time** | | **Daily Total (Hours.mins)** |
| **Example** |  | 08:45 | 12:21 | | 13:24 | 17:00 | | 7.12 |
| **Monday** |  |  |  | |  |  | |  |
| **Tuesday** |  |  |  | |  |  | |  |
| **Wednesday** |  |  |  | |  |  | |  |
| **Thursday** |  |  |  | |  |  | |  |
| **Friday** |  |  |  | |  |  | |  |
| **Saturday** |  |  |  | |  |  | |  |
| **Sunday** |  |  |  | |  |  | |  |
| **Week 2** | | | | | | | | |
| **Day** | **Working Day?** | **Session 1**  **Start Time** | **Session 1**  **End Time** | | **Session 2**  **Start Time** | **Session 2**  **End Time** | | **Daily Total (Hours.mins)** |
| **Example** |  | 08:45 | 12:21 | | 13:24 | 17:00 | | 7.12 |
| **Monday** |  |  |  | |  |  | |  |
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| **Thursday** |  |  |  | |  |  | |  |
| **Friday** |  |  |  | |  |  | |  |
| **Saturday** |  |  |  | |  |  | |  |
| **Sunday** |  |  |  | |  |  | |  |

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| **JUSTIFICATION FOR CHANGE (COMPLETE FOR ESTABLISHMENT APPROVAL PROCESS)** | |
| **What are the risks or implications for the Team / Division / Service / Council of not approving this request?**  (Explain the business case for the change of circumstances at this time. How is this critical to the business? Has the Service/Team undergone any review recently? Is there volume information available for this Service/Team and if so, are volumes increasing or decreasing? Does this post deliver statutory functions? Is this job critical to any contractual commitments the Council has?) |  |
| **What alternative options has the Manager considered to deliver the functions?**  (eg re-allocate duties amongst existing staff at the same level or amongst staff at a level below this post which may require consideration of re-grading or temporary higher duty payments (short term only)? Redesign job?  Create career path/entry level job/ apprenticeship? Reduce hours of work? Fixed term for task or project? Partnering arrangement? Transfer to alternative area?) |  |
| **Head of Service Name** |  |

**Declaration**

* **I confirm that I have discussed this request with my Head of Service (noted above) who has authorised the request to be submitted to the EAP for approval.**
* **I confirm that I have discussed this request with the employee and she/he understands the implications (subject to Senior Management Team approval).**

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| **Submitted by Name** (must be authorised budget holder) |  |
| **Line Manager** **Name** (if different from above) |  |
| **Date sent to HR Services** | Click here to enter a date. |

**Please e-mail to** [**HR@pkc.gov.uk**](mailto:HR@pkc.gov.uk)

**Office Use Only**

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| **SMT/EAP/EOT Amendments** |

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| **Employee Support and Advice**  **EAP Date:**  **Approval Date:**  **RL Input:** |
| **Payroll and Reward Team** |

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| **MyView**  **Weekly Hours (as a decimal):**  **Work Pattern ID:**  **Created by:**  **Date Created:**  **Created on Optimum (where applicable):**  **Date Created on Optimum (where applicable):** |