|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***SHARED SERVICES CENTRE USE ONLY - Initials / Date*** | | | | **ADJUSTMENT FORM** | Derbyshire County Council logo in purple. |
| ***NI No.*** |  | | |
| ***SAP*** |  | | |
| ***Letter*** |  | | |
| ***Org*** |  | ***LG %*** |  |
|  | | | | | |
| **If an employee is moving from a relief post to either an established or fixed term post the appropriate new appointment form needs to be completed** | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee name** |  | **Employee no** |  |
| **School** |  | **School DfE no** |  |
| **Current job title** |  | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Adjustment Details** | | | | | | | | | | | |
| **Effective date** |  | | **Does this initiate a change in job** | | **Yes / No** | | **If yes, please complete the new job title & benchmark details (Single Status only)** | | | | |
|  | | | | | | | | | | | |
| **New job title** |  | | | | | | | | | | |
| **Job family** |  | | **Benchmark ref** | | |  | | | **JE points** | |  |
|  | | | | | | | | | | | |
|  | | | | **Previous details** | | | | **New details** | | | |
| **Increase or decrease in hours**  Non single status only - Please provide names & hours for pupil/s where Special Needs Teaching Assistants hours are changing. | | | |  | | | |  | | | |
| **Change to salary**  Please indicate pay point & FTE salary | | | |  | | | |  | | | |
| **Change to weeks** | | | |  | | | |  | | | |
| **Extension of existing fixed term contract**  Please indicate dates and state reason below | | | |  | | | |  | | | |
| **Change to personal details** | | | |  | | | |  | | | |
| **Other - specify** | | | |  | | | |  | | | |
|  | | | | | | | | | | | |
| **Full details of and/or reason for change –** Please also provide any instructions specific to your school | | | | | | | | | | | |
| ***Please note – the cessation of any temporary contracts or variations will require the submission of the appropriate Leaver or Adjustment Form.*** | | | | | | | | | | | |
| **Headteacher signature** | |  | | | | | | | **Date** |  | |
| **Please upload onto Perspective Lite or Sharepoint, alternatively return to:**  **Traded Team, HR Services, County Hall, Derbyshire, Matlock, DE4 3AG**  If you have any queries about completing this form, please email [traded@derbyshire.gov.uk](mailto:traded@derbyshire.gov.uk) | | | | | | | | | | | |