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| Outcome of Contract Review Form | | | | | | | | | | | | | | | | | | | | | | |
| **Guidance** | | | | | | | | | | | | | | | | | | | | | | |
| This form should be completed if you are extending a Fixed Term Contract or Secondment, converting to an Open Ended Contract, the Fixed Term Reason Code is to be changed, the Potential Activity Cease Date is to be changed or when there is a temporary or permanent change to working hours.  For any increase to working hours, please check that the position in which the incumbent sits has sufficient available FTE to process the change.Please read the [Guidance on Position Management](https://www.ed.ac.uk/staff/services-support/people-and-money-user-guides) for further information. **If a change is required, please follow the ‘How to request a position or position change’ process and await the approval notification prior to submitting this form.**  **Potential Activity Cease Date** is the date when it is anticipated that the need for the activity level may require review. This date may be applicable for both Fixed Term and Open Ended Contracts and is different to Fixed Term Contract End Date.  **Restricted income** is defined as ‘income which is received by the University in respect of a defined project and the funds must be used for that purpose and no other. If funds are not used for the specified purpose, they are generally due to be returned to the provider’.  **This form MUST be authorised in advance of submitting through People and Money. For further information on approvals, please read the**[**Employment Approvals Guidance document**](https://www.ed.ac.uk/human-resources/policies-guidance/a-to-z-of-policies-and-guidance)**.** | | | | | | | | | | | | | | | | | | | | | | |
| **Section 1: Employee’s details** | | | | | | | | | | | | | | | | | | | | | | |
| Employee Name: | | | | | |  | | | | | | | | | | | | | | | | |
| Assignment Number: | | | | | |  | | | | | | | | | | | | | | | | |
| Grade: | | | | | |  | | | | | | | | | | | | | | | | |
| Current Contract End Date (dd/mm/yyyy): | | | | | | Click or tap to enter a date. | | | | | | | | | | | | | | | | |
| Contractual Hours: | | | | | |  | | | | | | | | | | | | | | | | |
| Department/School: | | | | | |  | | | | | | | | | | | | | | | | |
| College/Professional Services Group: | | | | | |  | | | | | | | | | | | | | | | | |
| Job Title: | | | | | |  | | | | | | | | | | | | | | | | |
| Honorary NHS contract required: | | | | | | Yes  No | | | | | | | | | | | | | | | | |
| Visa expiry date (dd/mm/yyyy): | | | | | | Click or tap to enter a date. | | | | | | | | | | | | | | | | |
| Continuous Service Start Date (dd/mm/yyyy): | | | | | | Click or tap to enter a date. | | | | | | | | | | | | | | | | |
| Further Leave to Remain date (dd/mm/yyyy): | | | | | | Click or tap to enter a date. | | | | | | | | | | | | | | | | |
| **Section 2: Purpose of the form** | | | | | | | | | | | | | | | | | | | | | | |
| Select purpose of form from drop down options and complete relevant section/s below: | | | | | | | | Choose an item.  Choose an item. | | | | | | | | | | | | | | |
| 1. **Fixed Term Contract or Secondment Extending:** | | | | | | | | | | | | | | | | | | | | | | |
| Fixed Term Reason Code *–* select from drop down: | | | | | | Choose an item. | | | | | | | | | | | | | | | | |
| Justification for Fixed Term status selection (only 1 criterion should be used). Please provide details: | | | | | | | | | | | | | | | | | | | | | | |
| Revised End Date (dd/mm/yyyy): | | | | | | Click or tap to enter a date. | | | | | | | | | | | | | | | | |
| Reason for Revised End Date (enter brief description): | | | | | | | | | | | | | | | | | | | | | | |
| Potential Activity Cease Date (dd/mm/yyyy): (if different from revised end date) | | | | | | Click or tap to enter a date. | | | | | | | | | | | | | | | | |
| If a potential cease date has been provided, please state the reason: | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Converting to Open Ended Contract:** | | | | | | | | | | | | | | | | | | | | | | |
| With Effect From Date (dd/mm/yyyy): | | | | | | Click or tap to enter a date. | | | | | | | | | | | | | | | | |
| Potential Activity Cease Date (if applicable) (dd/mm/yyyy): | | | | | | Click or tap to enter a date. | | | | | | | | | | | | | | | | |
| Reason for Potential Activity Cease Date: | | | | | | | | | | | | | | | | | | | | | | |
| Reason for Converting to Open Ended Contract: | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Fixed Term Reason Code to be changed:** | | | | | | | | | | | | | | | | | | | | | | |
| Current Fixed Term Reason Code: | | | | | | Choose an item. | | | | | | | | | | | | | | | | |
| New Fixed Term Reason Code: | | | | | | Choose an item. | | | | | | | | | | | | | | | | |
| With Effect From Date (dd/mm/yyyy): | | | | | | Click or tap to enter a date. | | | | | | | | | | | | | | | | |
| Reason for Change: | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Potential Activity Cease Date to be changed:** | | | | | | | | | | | | | | | | | | | | | | |
| Current Potential Activity Cease Date (dd/mm/yyyy): | | | | | Click or tap to enter a date. | | | | | | | | | | | | | | | | | |
| Revised Potential Activity Cease Date (dd/mm/yyyy): | | | | | Click or tap to enter a date. | | | | | | | | | | | | | | | | | |
| With Effect From Date (dd/mm/yyyy): | | | | | Click or tap to enter a date. | | | | | | | | | | | | | | | | | |
| Reason for Revised Date: | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Increase/decrease in hours**   Complete this section where the hours will vary from the existing contract. It is not possible to revise the salary or grading as part of this process. Complete this section by using the [Work Schedule Calculator](https://www.ed.ac.uk/human-resources/a-to-z-of-forms).  For any increase to working hours, please check that the position in which the incumbent sits has sufficient available FTE to process the change.Please read the [Guidance on Position Management](https://www.ed.ac.uk/staff/services-support/people-and-money-user-guides) for further information. **If a change is required please follow the ‘How to request a position or position change’ process and await the approval notification prior to submitting this form.** | | | | | | | | | | | | | | | | | | | | | | |
| New Contractual Hours (per week):(Please add the number of hours not FTE or % increase/decrease) | | | | hours per week | | | | | | | | | | | | | | | | | | |
| New Contractual Work Schedule: | | | | (paste Work Schedule format here from [Work Schedule Calculator](https://www.ed.ac.uk/human-resources/a-to-z-of-forms) e.g. 35\_7days\_S0M7T7W7T7F7S0) | | | | | | | | | | | | | | | | | | |
| Start Date of change (dd/mm/yyyy): | | | | Click or tap to enter a date. | | | | | | | | | | | | | | | | | | |
| End Date of Change (dd/mm/yyyy) (if temporary change; if permanent leave blank) | | | | Click or tap to enter a date. | | | | | | | | | | | | | | | | | | |
| Justification for increase/decrease in hours. Please provide details: | | | | | | | | | | | | | | | | | | | | | | |
| Grant Body, project title etc | |  | | | | | | | | | | | | | | | | | | | | |
| Salary charging information | % amount | Source of Funds | | Cost Centre e.g.999XXX | | | | | | | | | Account Code e.g. 2130 | | | | Job Code e.g. A10001 | | | | | |
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| With Effect from Date (dd/mm/yyyy): Click or tap to enter a date. | | | | | | | | | | | | | | | | | | | | | | |
| **Section 3: Authorised Approver (please read the** [**Employment Approvals Guidance document**](https://www.ed.ac.uk/human-resources/policies-guidance/a-to-z-of-policies-and-guidance)**)** | | | | | | | | | | | | | | | | | | | | | | |
| Authorised by: | | |  | | | | | | | | | | | | | | | | | | | |
| Signature: | | |  | | | | | | | | | | | | | | | | | | | |
| Job Title: | | |  | | | | | | | | | | | | | | | | | | | |
| Date (dd/mm/yyyy): | | | Click or tap to enter a date. | | | | | | | | | | | | | | | | | | | |
| **Once authorised, submit this form through People and Money.** | | | | | | | | | | | | | | | | | | | | | | |
| **Section 5: For HR Use** | | | | | | | | | | | | | | | | | | | | | | |
| HR Comments: | | |  | | | | | | | | | | | | | | | | | | | |
| HR Signature: | | |  | | | | | | | | | | | | | | | | | | | |
| Date (dd/mm/yyyy): | | | Click or tap to enter a date. | | | | | | | | | | | | | | | | | | | |