Notification of Change Form Guidance Notes
When should I be completing a Notification of Change Form?

Employee Changes

- When an employee is increasing/decreasing hours
- Transferring into a new position
- Changing work pattern or rota
- Reverting back to a substantive post
- Salary change
- Cost Centre Change
- Reporting Manager Change

Employee Terminations

- Retiring
- End of Temporary Contract
- Dismissal
- Redundancy
- Death in Service
- Rule of 85

Note: NOCs are no longer required for resignations. Resignations are now processed via mySelf and myTeam. Employee and Manager guidance can be found here.

Mandatory Fields are highlighted in Red
Drop Down options are highlighted in Blue
Free Text boxes are Green

1. Current Details	
Employee Name	Employee's full name
Employee Number	Employee's 7 digit employee number, can be found in MyTeam. The link to the following video will show you how to find this: https://mynl.co.uk/knowledge-base/videos/
Effective Date	Please confirm date change will be effective from.
Position Number	Please confirm the Position Number of the Employee's current post. This can be found on MyTeam. The link to the following video will show you how to find this: https://mynl.co.uk/knowledge-base/videos/

2. Post / Position to be Created

Do you require a new post to be created as part of this change?	As part of this change, please confirm if you require a new post to be created. If this is the case, please complete New Unit/Post/Position form.
New Post Number	** New post number will be input here once created by Systems Admin & Business Intelligence Team.
Do you require a new position to be created as part of this change?	As part of this change, please confirm if you require a new position to be created. If this is the case, please complete New Unit/Post/Position form.
New Position Number	** New position number will be input here once created by Systems Admin & Business Intelligence Team.

3. Reason for Change
* If work pattern is required to be updated as a result of these changes, please complete Section 10 – New Work Pattern Details

a. Transfer

Reason	Please confirm the reason for this transfer, i.e. transfer to a new position etc. If this change is a result of a recruitment campaign, please refer to Recruitment forms and guidance note. Please provide as much information as possible.
New Service	Please confirm the service that the employee will be transferring to.
New Location Name	Please confirm the employees' new location.
New Location Address	Please confirm the employees' new location address including post code.
New Designation	Please confirm the new Designation that the employee will be transferring to i.e. Administrative Assistant
New Position No	Please confirm the new position number of the position the employee is transferring to.
New Grade	If there is a change of grade as a result of this transfer please confirm the new grade of that the employee should be transferred to.
New Reporting Manager Name	Please confirm the employees reporting manager
Temporary Transfer	Confirm if this transfer is on a temporary basis
End Date of Temporary Contract	If this transfer is temporary, you must confirm the end date for this transfer, if this is not completed, the form will be returned.

b. Cost Centre Change

New Cost Centre	Please confirm the new Cost Centre.

c. Change in Hours

	New Hours	Please confirm the new hours that the employee will be working. *Please note, if there is only a change to the employee's work pattern and no change to hours – please complete Section 10 only.*
	Term Time	Please confirm if this employee will be working term time.
	Number of Weeks	Please confirm the number of weeks the employee will be working.
	Temporary Change	Please confirm if this transfer is on a temporary basis.
	End Date	If this transfer is temporary, you must confirm the end date for this transfer, if this is not completed, the form will be returned.

d. Salary Change

	Reason	Please confirm the reason for this change of salary. i.e. Attainment of Qualification
	New Grade	Please confirm the New Grade the Employee should be changed to.
	New SCP	Please confirm Employee's new SCP.

e. Revert to Substantive Post

	Substantive Post	Manager within substantive team to complete this section. Please confirm the substantive post they should be revert back to i.e. Clerical Assistant/Typist
	Position Number	Please confirm the substantive post iTrent position number. This can be found in MyTeam.
	New Reporting Manager	Please confirm who this employee will report to in their new post.
	New Grade	Please confirm the grade the employee should be on.
	New SCP	Please confirm the SCP the employee should be placed on.

4. Additional Payments

	Non Core Hours	Please confirm if the employee should receive non core hours allowance as part of their current working pattern. Please ensure that work pattern is updated to reflect employees hours, as calculation of non core hours is based on the start and finish times of this pattern.
	Night Shift Allowance	Please confirm if the employee should receive night shift allowance as part of their current working pattern. Please ensure that work pattern is updated to reflect employee's hours, as calculation of night shift allowance is based on the start and finish times of this pattern.

	First Aid Allowance	Please confirm if the employee should receive First Aid allowance.
	Contractual Overtime (Basic Rate)	Please confirm if the employee should receive contractual overtime at basic rate as part of their current working pattern.
	Contractual Overtime (Time & Half)	Please confirm if the employee should receive contractual overtime at time and half, as part of their current working pattern.
	Contractual Overtime (Double Time)	Please confirm if the employee should receive contractual overtime at double time, as part of their current working pattern.
	Salary Preservation	Please confirm if the employee should receive salary preservation as a result of this transaction.
	Salary Preservation End Date	Please confirm when this preservation should end.

5. Terminations

	Termination Reason	Please select from the drop down the reason for the employee terminating from their post.
	Letter Attached	Please confirm if a copy of the employees termination letter is attached. Please ensure these are included for Retirements only.
	Other	Please provide any additional information in relation to the above terminations.
	Has Position on ITrent to be ended?	Please confirm if the position on iTrent has to be ended as a result of this change (i.e. temporary position for sickness cover/maternity leave/position no longer exists.

6. Reporting Manager Information

	Does this Employee have Line Management Responsibility	Please confirm if the above employee has line management responsibility for staff, if so, please provide a list of all employees who reported to this manager. This information is required to ensure line manager can gain access to relevant employee information. i.e. Annual Leave requests, sickness details etc.
	Who should employees report to until this post is filled?	Please confirm the manager whom these employees should report to in the interim until this post is filled.

7. Annual Leave Taken to Date

	Annual Leave Taken to Date	Please confirm how many hours annual leave the employee has taken up to their leaving date.

8. <u>HRBP/ER Use Only</u>	
Pay in Lieu of Notice	Please confirm the number of weeks this employee should be paid, if applicable.
Redundancy Payment	Please confirm the redundancy payment due to this employee.
CAY Payment	Please confirm the CAY payment due to this employee.
Pension Forms Complete	Please confirm if Pension forms have been completed (e.g. Dismissal, Rule of 85 retiral)
10. <u>New Work Pattern</u>	
New Work Pattern	Please complete work pattern for employee, all time should be entered in the following format HH:MM i.e. 08:30 – 15:30. If the rota is more than 4 weeks, please attach a copy of the employee's rota.
Commencing From	Please confirm the Week and Day that this pattern will commence.

Please note: Business Partner / Employee Relations authorisation is not required for the following tasks:

- Maternity Leave
- Adoption Leave
- Carers Leave
- Death in Service
- Career Break
- Leavers
- Maternity Support Leave ◻ Paternity Leave

Once completed please email this form with all relevant letters and attachments to the appropriate team.
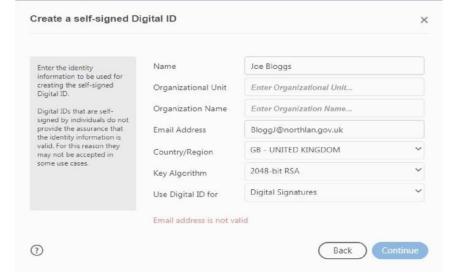
How to input a digital signature on a Notification of Change Form

- Retrieve the relevant NOC ***Please ensure you open the NOC on Internet Explorer or Google Chrome. Not Microsoft Edge.***
- 9. Authorisation – double click on the following box (where the yellow circle is shown) where you want to input your signature:

9	Authorisation		

Employee's Line Manager

Name		Designation	
Signature		Date	

Authorised Signatory/HR Business Partner/Employee Relations (if applicable)

Name		Designation	
Signature		Date	

- Add digital ID – select 'A new digital ID I want to create now'
- Then select 'New PKCS#12 digital ID file'
- Complete the following fields – Name, Email Address, Country/Region:

Create a self-signed Digital ID

Enter the identity information to be used for creating the self-signed Digital ID.

Digital IDs that are self-signed by individuals do not provide the assurance that the identity information is valid. For this reason they may not be accepted in some use cases.

Name	Joe Bloggs
Organizational Unit	Enter Organizational Unit...
Organization Name	Enter Organization Name...
Email Address	BloggJ@northlan.gov.uk
Country/Region	GB - UNITED KINGDOM
Key Algorithm	2048-bit RSA
Use Digital ID for	Digital Signatures

Email address is not valid

Back   Continue

- Once you complete and select next, this will allow you to save your digital ID in a location of your choice within your computer.
- Create a password for your digital ID > finish ☐   You will then be able to view your digital ID.
- Insert your password > sign
- Save your completed & signed NOC

This process will only need to be completed once after you create and save you digital ID.