Notification of Change Form (Teaching)
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 – Age/Phased/Winding Down
- End of Temporary Contract
- Dismissal
- Premature Retiral
- Death in Service

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 contact the Business Partner team to arrange this.

	New Post Number	** New post number will be input here once created by Workforce Systems & Analytics 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 Workforce Systems & Analytics 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 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.
	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.

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

	First Aid Allowance	Please confirm if the employee should receive First Aid allowance.
	Additional Basic Overtime (Full time staff only)	Please confirm if the employee should receive contractual overtime at basic rate as part of their current working pattern.
	Cash Conservation	Please confirm if the employee should receive salary preservation as a result of this transaction.
	Cash Conservation	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. HRBP/ER Use Only

Pay in Lieu of Notice	Please confirm the number of weeks this employee should be paid, if applicable.
Added Years Payment – Premature Retiral	Please confirm the payment due to this employee.
Pension Forms Complete	Please confirm if Pension forms have been completed

10. New Work Pattern

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.

Once completed please email this form with all relevant letters and attachments to the appropriate Business Partner for authorisation. Once authorised, paperwork will be forwarded to the relevant team for processing.