## Application to amend written statement of employment

Please ensure you have read the settled hours guidelines before completing this form

Employee personal details	
Name Date	
Email address:	
Department/Team/Service	
Line Manager	
Manager personal details	
NameDateDate	
Email address:	
Job Title	
Department/Team/Service	
<b>Employee to complete</b> I am requesting an amendment to my contract of employment for the following reasons (please tick those that are relevant):	
<ul> <li>Hours of work</li> <li>Place of work</li> </ul>	
Details of requested change, and effective date	
Reason(s) for application (you must include details of the regular hours you have worked over the past 6 months, or if the place you have worked over the past 6 months)	

Manager to complete		
I have c	onsidered this request and authorise the change. $\Box$ Yes $\Box$ No	
If you have selected no, please confirm the reason(s) that apply:		
	the changes you have proposed do not reflect the employer's record of your working pattern	
	approving and implementing the proposed changes would have significant detrimental impact on the employer's business performance	
	there is likely to be a change to the work pattern within 4 weeks of submitting the request	
	the contract is due to end within 4 weeks of the request being submitted.	

Line manager signature:

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Date:

Manager section	
Has the employee made any applications to amend their written statement of employment in the past 12 months?	
□ Yes □ No	
Have you approved or declined the application?	
<ul> <li>Approved</li> <li>Declined</li> </ul>	
Please note, there are 4 reasons an application can be declined, the reasons are:	
<ol> <li>the requested changes do not reflect the employee's work pattern</li> <li>to make such an amendment would have a serious detrimental effect on the performance of the employer's business</li> </ol>	
<ol> <li>the employer believes that the employee's work pattern will change within 4 weeks of the date on which the request is made</li> </ol>	
<ol> <li>the employee's contract is due to end within 4 weeks of the day on which the request is made</li> </ol>	
If declined, please provide your reasoning	
If you are approving this request, the employee must be provided with a revision to their contract of employment within 4 calendar weeks of approval. Changes can be made on the connect people system.	