

EXISTING DETAILS

SURNAME: KINDON FIRST NAME(S): ANDY TITLE: MR

BASE/HOSPITAL: GRH VASCULAR LAB

JOB TITLE: CLINICAL VASCULAR SCIENTIST DEPARTMENT/WARD/CC: VASCULAR LAB
WARD 9A GRH

NATURE OF CHANGE

PLEASE TICK AS APPROPRIATE:

GRADE/BAND	
HOURS	
ALLOWANCE	
QUALIFICATIONS	
ACTING UP	

NAME	
ADDRESS	
MARITAL STATUS	
MATERNITY	
PLACE OF WORK	

PROTECTION	
DUTY/SHIFT	
M&D BAND	
BONUS	
OTHER	<input checked="" type="checkbox"/>

CHANGE IN POST

NEW POST/REPLACING (ENTER FULL NAME): _____

NEW JOB TITLE: _____ PLACE OF WORK: _____

NEW COST CENTRE:

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 PAY BAND/GRADE: _____

CHANGE IN HOURS: _____ POSITION No: _____

FROM:

HRS

MIN

DAYS

NIGHTS

WEEKLY

FORTNIGHTLY

TO:

HRS

MIN

DAYS

NIGHTS

WEEKLY

FORTNIGHTLY

DETAILS OF CHANGE

CAREER BREAK

EFFECTIVE FROM: 4/1/16 AND TO (IF APPROPRIATE): 15/7/16

AUTHORISED OFFICER'S SIGNATURE: [Signature] DATE: 14/9/15

NAME IN CAPITALS (PRINT): KATE HARVEY BUDGET HOLDER YES/NO (YES) EXT NO: 5618

DESIGNATION: CLINICAL VASCULAR SCIENTIST

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FOR PAYROLL USE ONLY:

F200	ESR	CHECKED	ASSIGNMENT NUMBER