



Human Resources Division

Change of FTE/Hours and/or Roster Change Form



**This form is formal notification of the changes requested and no other documentation will be issued.
Please provide to the employee a copy of the completed/authorised form.**

Details of Applicant			
Employee Name		Employee No	
Department			
Position Title			
Position No		Job No	

Roster/FTE Change							
Change start date		Change finish date					
OR to end of contract							
Current Hours/FTE			New Hours Per Week/FTE				
<i>If hours are different each day, please list record of new hours below. If full day, enter 7.5 hours per day. If not full time, enter the number of hours per day to be worked (excluding any unpaid breaks e.g. Lunch)</i>							
DAYS	MON	TUES	WED	THURS	FRI	SAT	SUN
Hours Week 1							
Hours Week 2							

New Account Code(s) for total salary:	
GL	_____ %
	_____ %
PL	_____ %
	_____ %

Reason for Change of Hours/Roster:

See next page

Approval:

Finance Advisor Name (If required)

Signature

Date

_ / _ / _

Line Manager / HOD Name

Signature

Date

_ / _ / _

Dean/Director/HOD/Delegated Authority Name

Signature

Date

_ / _ / _

VCAG member Approval (If required)

Signature

Date

_ / _ / _

Authorisation of Changes (Staff Member to Complete):

I, _____ agree to the above changes detailed in the 'Roster / FTE Change' section.
Employee Name (Please Print)

Employee Signature _____

Date

_ / _ / _

Completed form:

- Provide the employee with a copy of the completed form.
- Please send the completed form to hrservices@otago.ac.nz.
- If you have any questions, please feel free to contact your **Human Resources Administrator**.

HR OFFICE USE ONLY

HR Noted

Payroll Entered

Changes to Payroll

PE:

PE: