LAY/OPERATIONAL EMPLOYEES

Change of Conditions Form

Current Details

Name: Position:

Reporting to: Department/Parish:

Employment Status:

Hours/Roster:

New Conditions/Role

Change to existing role: Additional Role: Higher Duties:

Allowances or Benefits:

Other:

Addition of Tablet: Mobile Phone: Laptop:

(Reason/additional information (change in work hours/days, promotion, transfer, acting etc.)

Effective Date: End Date: (If applicable)

Position: Department/Parish:

Reporting to: Probation Applicable:

New Position Description Required:

Employment Status:

Hours/Roster:

Completed form must be returned to Human Resources for processing

Salary Level: Salary:

Will this change result in the program exceeding budget?

Is the program already exceeding budget?

Note: If either are Yes – Chief Financial Officer and/or Diocesan Secretary and Executive Officer approval is required. Please attach Business Case for approval.

Confirmation of Change of Conditions (*signatures required*)

Manager/Parish/Council/Cathedral Chapter

Name: Signature: Date:

Chief Financial Officer (if required)

Name: Signature: Date:

Diocesan Secretary and Executive Officer (if required)

Name: Signature: Date:

For HR use only:

Contract variation sent to staff:

Contract variation placed on personnel file:

Payroll notified:

Date:

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