

Change Request - INCREASE in Hours

Name: _____

Address: _____

Start Date: _____

I am currently contracted to work between _____ and _____ hours per week.

For the past ____ months I have been consistently working between _____ to _____ hours per week.

Therefore, I am applying to move to the next band which is _____ to _____ hours per week.

I understand that if I meet the relevant criteria my application will be granted and I will be issued with a new contract of employment.

(Criteria: In the event that a staff member consistently works hours in excess of their band for 4 months or more)

Signed: _____
(Applicant)

Date: _____

To be completed by a member of management

Date of receipt of application:

Signed: _____
(Member of Management)

Application Granted: ☐

New Contract of Employment Issued: ☐

Application Rejected: ☐

Signed: _____
(Member of Management)

Reason:

Note: Applications will be granted or rejected based on the relevant criteria. If the request is rejected an individual maintains the right to raise a grievance in line with the Company grievance procedures.

Contract B