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| --- | --- | --- |
| UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST  APPLICATION FOR VARIATION TO AGENDA FOR CHANGE STARTING SALARY  Request to appoint at higher pay point for new starters to UHB | | |
|  | | |
| **CDG (please circle)**  Corporate  CDG/ 1 / 2 / 3 / 4 / 5 / 6 /7/8/9/10/11 | **DEPARTMENT:** | **NAME OF MANAGER MAKING REQUEST:** |
| **NAME OF APPOINTEE:** | **APPOINTEE’S START DATE:** | **JOB BAND:** |
| **JOB TITLE:** |
| **BASIS OF CASE / DETAILS OF CHANGE (To be completed by Line Manager)Please ensure details of employment immediately prior to UHB are included and attach the last appropriate pay slip.** | | |

**Please tick to confirm you have provided the below information. Please note the application will not be processed without the requested documents below:**

|  |  |
| --- | --- |
| Last, or most recent, payslip |  |
| Job application form/ details of employment history immediately prior to UHB |  |

|  |  |
| --- | --- |
| Implications to other staff considered? | YES / NO (If YES, please explain what implications have been considered and how resolved. If NO, please explain why there are no implications to be considered.) |
|  | |

**AUTHORISATION**

**LINE MANAGER’S SIGNATURE …**……………………………..**DATE**…………………….....................

**HOSPITAL OPERATIONS DIRECTOR /ASSOCIATE DIRECTOR OF OPERATIONS** OR **HOSPITAL NURSING DIRECTOR/ASSOCIATE DIRECTOR OF NURSING** OR **CORPORATE EQUIVALENT**

**SIGNATURE**..........……………………………………………. **DATE**…………………………………

PLEASE ENSURE SIGNATURES ABOVE ARE OBTAINED BEFORE BEING SENT TO HR

|  |
| --- |
| **ADDITIONAL HR COMMENTS:** |

**WORKFORCE SIGN OFF**

**…………………………………………………………………………….(Print Name)**

**……………………………………………………………………………..(Job Title) …………………………………………. (Date)**