**Contract Adjustment Form**

***Complete this form where changes to employee’s contractual terms and conditions are required (and authorised where applicable). Please ensure that this form has been fully completed prior to submitting it your TSS Sharepoint site by the 5thof the month prior to the month the change will occur for approval and processing. A copy of this form must also be provided to the employee and another kept on file in the unit. Due to the high volume of requests, there may be a delay in issuing confirmation of same.***

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| **Employee Details** | | | |
| **Name:** |  | **NUIG Staff ID (if known):** |  |
| **School/ Discipline/Unit:** |  | **Job Title: Teaching Support Staff**  **Note: this title should not be altered** | |
| **Change Reason** | | | |
| **Effective From:** | | **To:** | |
| **Reason for Contract Variation:** | | | |
| **Reports to (Line Manager):** |  | **Cost Centre(s):** | D |
| New Pay and Hours of Work Details: The Payment applicable to this employment is confirmed as follows:  Please only indicate **extra** hours in this section, **not** the hours of entire contract:   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Description of Work and Pay Rate | Hours Per Week | Total No of  **Extra** Hrs required\* | Has s/he been paid on the casual teaching staff hourly rate for the last 2 consecutive years? | | | | | No | | Yes | | |  |  |  | Please tick rates which apply: | | | | | Teaching Payment  **\*NOTE:Teaching Payment includes 1 hour of teaching & 1 hour of preparation. Please only list the number of actual hours teaching.** |  |  | €49.71\* |  | €55.24\* |  | | Tutorials |  |  | €24.87 |  | €27.62 |  | | Academic Related Duties  **Note: if Teaching hours required, note that 1 hour of ARD is already included with each hour of Teaching payment listed above.** |  |  | €24.87 |  | €27.62 |  | | Laboratory Demonstration |  |  | €16.76 |  | €18.49 |  | | Undergrad Demonstrator |  |  | €10.50 |  | €10.50 |  | | Essay Corrections  *(for feedback purposes/not related to examination marks)* |  |  | €10.50 |  | €10.50 |  |   **\*Up to maximum 9 contact teaching hours in the University per week applies** | | | |
| I understand and accept this adjustment to my fixed-term contract on the terms and conditions of employment as previously stated.    Signature of Employee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Please note that this is a contract adjustment request form and does not become part of a valid contract until it has been confirmed by HR. It is therefore subject to change*.  Employee PPS no.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Approximate cost to budget: €\_\_\_\_\_\_\_\_\_ (Note: this is not the salary payable to the employee) (Hours x Hourly Rate) + 8% Annual Leave + 20% Overheads.Please contact the HR Office for assistance if required.  **Approved by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Head of Discipline/School/Unit (or nominee)**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **UMT Member**  **Please list the names of any Managers/School Administrators etc who should be copied on HR confirmation of contract email to employee for information purposes:**  1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |