

## Change of Position / Employee Details

### TO BE COMPLETED BY THE SCHOOL

School Name:

Previous School / Dept. / Org:

### Employee Details

Surname:

Forename(s):

Personnel Number:

Position Title:

Please select Change of Position **OR** Change of Employment Details

Change of Position:

Change of Employment Details:

Other changes (please specify):

### Details

Start Date (for changes):

End Date (for changes – temporary only):

Contract type:

Reason for temp, fixed / limited appointment:

### Organisational Assignment Details

School code / cost centre:

Sub code:

Pay point:

Location code:

### Payroll Information

Full time equivalent hours:  Support staff (37 Hours)  Teaching staff (32.50 Hours)

Actual weekly hours (Support staff):

FTE Teaching staff:

Other FTE (please specify):

**For teachers** – Please advise of the annual basic salary that you require your teacher to be paid. Please state the salary amount based on the employee being full time. BSC will then calculate any part time salary. If your school will still be paying teachers based on the current UQ, MPS, UPS and leadership scale points please advise of the grade and scale point. If this information is not provided the employee will be paid on the minimum of UQ or MPS (depending on QTS).

Pay grade:

Term time only?

Yes  No

Additional weeks based on weekly hours:

Pay scale level (spine point):

Annual leave change?

Yes  No

Other, please specify weeks / days:

**ISR (individual school range)**

Head teacher 7 points

Deputy head/other 5 points

Minimum point:

Maximum point:

Additional payments details / comments (e.g. TLR, SEN, first aid) Note: the value is required for TLR and SEN payments. Please state the amount based on the employee being full time. BSC will then calculate the part time amount:

Payment end date (if temporary):

**Other Information (supporting comments – e.g. qualification gained, market supplement, protected pay etc.**

### Authorised Officer Signature

Signature:

Name:

Position title:

Date:

Telephone:

Submit completed form via secure file transfer or email to: [bsc.hr.employee.changes@leeds.gov.uk](mailto:bsc.hr.employee.changes@leeds.gov.uk)  
Alternatively post form to: **BSC Leeds, St. George House, 40 Great George Street, Leeds, LS1 3DL**

**BSC use only**

Date of next  
increment:

April Sept 6 months

Other (specify date):

Personnel Number:

Position ID number:

Job Score:

Job Ref: