

Form to be completed in **CAPITAL LETTERS**

| | | |
|-------|--------|---------|
| Title | Inits. | Surname |
| | | |

| | | | | | | | | | |
|-------------------|--|--|--|--|--|--|--|--|--|
| Assignment Number | | | | | | | | | |
| | | | | | | | | | |

School / College _____

Part A (Salary / Status)

| Contractual Change Details | EXISTING | | REVISED | |
|---|---------------------|---|----------|---|
| Effective Date of Change: | | | | |
| Classroom Teacher: Annual salary (FTE) | | | | |
| | Pay Award included* | | YES / NO | |
| Non Classroom Teacher, please indicate: | | | | |
| (i) Head, Deputy, Assistant or Leading Practitioner | | | | |
| (ii) School Group | | | | |
| (iii) Individual School range (points) if changing | | | | |
| Scale / Spine Point | | | | |
| Annual Salary (FTE) | £ | | £ | |
| Full/Part-Time (if P/T, indicate percentage of F/T) | | | | |
| Status: Permanent (Perm) or Temporary (Temp) | | | | |
| Analysis Code for Salary | - | - | % | % |
| | - | - | % | % |

*If there is a pay award outstanding please indicate if the salary/allowances provided includes the percentage increase. We will apply any pay award to the figures you supply unless YES has been indicated.

Part B (Allowances)

| Type of Allowance [Full time equivalent (FTE) except for TLR3] | EXISTING | | REVISED | |
|--|---|---------------------|----------|---------------------|
| | Level | Annual Amount (FTE) | Level | Annual Amount (FTE) |
| Effective Date of Change: | | | | |
| Teaching & Learning Responsibility Allowance TLR1 or TLR2 (See below for TLR3) | | £ | | £ |
| Special Needs Allowance | | £ | | £ |
| Recruitment & Retention Allowance | | £ | | £ |
| Other Allowances: | | | | |
| Type of Allowance | | | | |
| Amount | | £ | | £ |
| Pay Award included* | | | YES / NO | |
| Teaching & Learning Responsibility Allowance TLR3 | Annual Amount to be paid (Actual not FTE) | £ | End Date | |

If this is a **temporary allowance** or a **temporary change to contract** please note:
Any end date supplied on this form to notify a **temporary** allowance or **temporary** change to contract will NOT be automatically actioned by Payroll, except TLR3. Ensure that a new PRISM 3T form is submitted before the end date of any temporary arrangements to inform payroll of the change back to the previous contract.

Notes:

Authorised Officer: _____ **Print Name:** _____
(Signature) (Print in Capitals)

Telephone Number: _____ **Date:** _____