**APPLICATION TO AMEND WRITTEN STATEMENT OF EMPLOYMENT (Art 3A)**

1. **Employee’s Name:** …………………………………………………………………………………………………..

2. **I confirm I have not made a previous request to amend my written statement of employment in the last 12 months and that my work pattern has been settled for at least 6 months prior to this application being made.**

3**. I am applying to request a change to my written statement of employment on the following basis:**

My hours of work with effect from (date): ……………………………………………….

My place of work with effect from (date): ……………………………………………….

**Please tick all/any that apply.**

I understand that if my request is agreed this will mean a new statement of written terms of employment will be issued to me within 4 weeks of my request being accepted, this may mean a change to my existing salary and benefits.

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| 5. **Please detail below the change or changes that you are requesting and the preferred date any changes will be effective from:**…………………………………………………………………………………………………………………………………………………….……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………………………………………… |
| 6. **Please detail the reason or reasons for your application:** ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |
| **Employee:** **Signed: ………………………………………………………. Date: ………………………………………………..** Application Received for Settled Hours AmendmentRespond to the EmployeeApplication AgreedApplication RefusedAppeal notice LodgedWithin 4 weeksWithin 2 weeks |
|  |

Within 4 weeks provide a new written

of employment

Within 2 weeks

Meet with Employee (and their representative)

Appeal Upheld

Within 4 weeks provide a new written

of employment

Within 14 days

Appeal Declined