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| University of Edinburgh Logo - Navy and White colour  Requesting a Transfer, Additional Post or Secondment (for non-advertised posts only) | |
| **Guidance** | |
| **Completing the form:**  This form should be completed when:   * The position was **NOT** advertised through People and Money. * The successful candidate is a **current employee**, being offered a transfer, additional post or internal secondment. * Once the offer of employment has been accepted and you have a confirmed start date. * Please **attach a copy of the approved Job Requisition Business Case** with this request. * This form MUST be authorised in advance of submitting through People and Money. For further information on approvals, please read the [Guide to Employment and Finance Approvals.](https://human-resources.ed.ac.uk/policies-guidance/a-to-z-of-policies-and-guidance) * If the role requires a **Protection of Vulnerable Groups (PVG) Check** you must attach a copy of the email confirmation that the checks have been completed with this request. Please note HR Operations will not complete this request or issue the contract until the check has been confirmed. Please see the [Disclosure and PVG](https://human-resources.ed.ac.uk/recruitment-guidance/disclosure-and-pvg-checks) webpage for further details.   **Submitting this form:**  Please submit the form and all relevant attachments through People and Money by creating the Service request Enquiry > Contract Changes > Transfers/Additional Posts/Secondments.  Please complete this form in full, if there is missing information HR Operations may reject this form and return this to you.  If you require this form in an alternative format please contact the HR Helpline by email at [HRHelpline@ed.ac.uk](mailto:HRHelpline@ed.ac.uk). | |
| **Section 1: Line Manager/ School or Department Administrator Details** | |
| Line Manager name |  |
| Telephone number |  |
| School/Department address |  |
| **Section 2: Person and Employment Details** | |
| Last name |  |
| First Name |  |
| Preferred Name |  |
| Current Assignment Number (If Secondment provide the assignment number being seconded from) |  |
| Transfer, Additional Post or Secondment? |  |
| If Secondment – will the employee remain working part-time in their substantive post or transfer fully to their seconded post? Please provide further details below if necessary | Full Secondment  Part Secondment |
| If Secondment – will the employee return to their substantive post at the end of the secondment? If No please provide further details below. | Yes  No |
|  | |
| Position Name  (Please refer to the [Guidance on Position Management](https://www.ed.ac.uk/staff/services-support/hr-and-finance/people-and-money-system/people-and-money-user-guides), held under Recruitment on this page) |  |
| Position Number |  |
| National Insurance Number (if known) |  |
| Confirmed start date (dd/mm/yyyy) |  |
| Projected End Date (for FTC if applicable) (dd/mm/yyyy) |  |
| Contract Review Date (dd/mm/yyyy) |  |
| Personal Job Title |  |
| Grade |  |
| Grade Step (Spinal Point) |  |
| Department |  |
| Work Location |  |
| If the employee will be working **set days off campus each week**, as agreed under the terms of the [Flexible Working Policy](https://www.ed.ac.uk/human-resources/policies-guidance/a-to-z-of-policies-and-guidance), please mark which days on the table below (leave blank if not applicable): | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| If the employee will be working set days off campus over a different pattern than weekly, (as agreed under the terms of the Flexible Working policy), please provide details below (for example every other Friday from home, Monday and Tuesday on alternate weeks, every Monday and alternate Friday). | | | | | | |

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| Will the person be working abroad or the role require overseas working? If yes please provide details: |  | |
| Worker Category (if applicable) | Choose an item. | |
| Assignment category | Choose an item. | |
| Working as a Manager | Yes  No | |
| Working Hours (per week) |  | |
| Fixed Term Reason Code (if applicable) | Choose an item. | |
| NHS Honorary Contract | Yes  No | |
| Research/Teaching & Research/Teaching Only | Choose an item. | |
| HESA Activity Standard Occupational Classification (SOC Code):  Please see below link to select the appropriate code  [Staff 2023/24 - Activity Standard Occupational Classification | HESA](https://www.hesa.ac.uk/collection/c23025/a/actsoc2020) |  | |
| Clinical Increment Date (if applicable) |  | |
| Line Manager Name |  | |
| Annual salary amount (Full time equivalent):  Follow link for [information on Pay Scales](https://www.edweb.ed.ac.uk/human-resources/pay-reward/pay/pay-scales) | £ | |
| Work Schedule  Complete this section by using the [Work Schedule Calculator](https://www.ed.ac.uk/human-resources/a-to-z-of-forms) and paste the Work Schedule format e.g. 35\_7days\_S0M7T7W7T7F7S0) |  | |
| If Part Secondment, retaining hours in substantive post, please provide the Working Hours Per Week and Work Schedule | Hours Per Week:  Work Schedule: | |
| **Section 3: Guaranteed Hours Contracts Only** | | |
| Guaranteed Hours Start Date (dd/mm/yyyy) |  | |
| Guaranteed Hours End Date (dd/mm/yyyy) |  | |
| Total Number of GH Hours for the contract |  | |
| Number of Hours Period | Choose an item | |
| Reason for No of Hours |  | |
| Hourly Rate (GH Only) | £ | |
| **Section 4: Annualised/Fractional Contracts Only** | | |
| Start Date (Contract Start Date) (dd/mm/yyyy) | |  |
| End Date (Contract End Date if applicable) (dd/mm/yyyy) | |  |
| Number of Weeks Per Year (Annualised Contract Only) | |  |
| Number of Hours Per Week (Annualised Contract Only) | |  |
| Hours to be Worked/Scheduled (Fractional Contract Only) | |  |
| **Section 5: Person Information – Address & Contact Details** | | |
| Country |  | |
| Address Line 1 |  | |
| Address Line 2 |  | |
| Address Line 3 |  | |
| City/Town |  | |
| County |  | |
| Postcode |  | |
| Phone type |  | |
| Phone number |  | |
| Personal Email address |  | |
| Additional Comments |  | |
| **Section 6: Authorised Approver** | | |
| Authorised By |  | |
| Job title |  | |
| Date (dd/mm/yyyy) |  | |