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| **PERMANENT/TEMPORARY CHANGES FORM** | **072 Tower Hamlets GP Care Group** |

|  |
| --- |
| **For Completion by manager** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please enter an X in the appropriate box below:** | | | | |
| Permanent Change | |  | Temporary Change |  |
|  | | | | |
| **EMPLOYEE DETAILS:** | | | | |
| Full name |  | | | |
| Assignment Number |  | | | |
| Job Title |  | | | |
| Department |  | | | |
| Work Base |  | | | |
| Date of Change |  | | | |
| End Date (if applicable) |  | | | |

**Details of Change**

***All other details remain the same***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employee Signature** |  | **Date** | |  |
| **Manager Name** |  | **Manager Post Title** | |  |
| **Manager Signature** |  | | **Date** |  |

A signed copy should be given to the Employee for their records

|  |  |  |  |
| --- | --- | --- | --- |
| **NHS PAYROLL SERVICES – For Completion by NHS Payroll Services** | | | |
| **Payroll Processed - Date** |  | **Payroll Officer** |  |

The completed form should be scanned and emailed to:

**Nigel.Hudspith@northumbria-healthcare.nhs.uk**

AND

**thgpcg.hradmin@nhs.net**