**Salary Variation / Payment Exception Form**

To request a variation of salary or payment exemption for employees, please complete the form below. Please note this form will only be processed for the following variations:

|  |  |
| --- | --- |
| **Salary Variation** | **Payment Exemption** |
| * Starting Salary * Entry incentive schemes i.e. Golden Hello | * Payment of annual leave * Extend sick pay * Pay unsocial hours |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Employee Name:** | | |  | | |
| **Employee Number:** | | |  | | |
| **Job Title:** | | |  | | |
| **Band:** | | |  | | |
| **Base:** | | |  | | |
| **Manager:** | | |  | | |
| **Date Change to Commence / Start Date:** | | |  | | |
|  | | | | | |
| **Proposal:** | | | | | |
|  | | | | | |
| **Reason to warrant variation:** | | | | | |
|  | | | | | |
| **Discussed with HR (Name):** | |  | | | |
| **HR Comments** | | | | | |
|  | | | | | |
| **Budget Holders Comments (if required)** | | | | | |
|  | | | | | |
|  | | | | | |
| **Signed Manager:** |  | | | **Date:** |  |
| **Print Name:** | **Sent by email** | | | | |
| **Signed Budget Holder:** |  | | | **Date:** |  |
| **Print Name:** | **Sent by email** | | | | |
| **Signed Deputy Associate Director of People & OD’:** |  | | | **Date:** |  |
| **Print Name** |  | | | | |

**Evidence must be attached to support this variation. This form will not progress without relevant evidence. Please send completed forms and evidence hnf-tr.hrqueries@nhs.net**

**If this form is completed after the contract of employment has been issued this will act as an amendment to the individual’s contract and a letter will be issued.**