# REAPPOINTMENT OF STAFF FORM

Date issued by HR ………………………………. Central HR Contact …………………………………….

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| **(A) DETAILS OF CURRENT POST – to be completed by HR** | | | | | | | | |
| Name: | | | | Personnel number: | | | | |
| School / Service: | | | | Current percentage of Full Time: % | | | | |
| Post Title: | | | | Current Annual Salary: £ | | | | |
| Current Funding Account Number:  - «Cost\_Obj\_1\_»%  - «Cost\_Obj\_2\_»% | | | | Current Grade: | | | | |
| Current Incremental Date: «Next\_inc» | | | | |
| Contract type: «Contract\_type\_text» | | | | | | | | |
| Continuous employment start date: | | | | Date of Expiry: | | | | |
| **(B) POST TO BE CONVERTED TO ONGOING OR OPEN ENDED WITH FIXED FUNDING** | | | | | | | | |
| Effective date: | | | | | Account number, if different from above:- | | | |
| Fixed Funding **YES/NO** | | | | | Fixed Funding To: | | | |
| Funding Source: | | | | |  | | | |
| **(C) EXTENSION OF A FIXED TERM CONTRACT** | | | | | | | | |
| Contract extension start date: | | | Contract end date: | | | | | |
| Account number, if different from Section A:- | | |  | | | | | |
| **Please select reason below for the position remaining on a fixed term basis:** | | | | | | | | |
| The role is funded by external grant income  *Please supply funding source below*  *………………………………………..*  *………………………………………..* |  | The post is providing a teaching role where the ongoing demand is uncertain | | | |  | The post is to facilitate the continuing payment of your maternity pay or statutory maternity payments |  |
| There is a need for temporary replacement cover |  | The post is for the sole purpose of completing a task or project with a specific end date | | | |  |  |  |
| There is a temporary need for the input of a specialist practitioner |  | The post is a clearly defined fellowship or training post (e.g. KTP associate, Clinical Fellowship, Apprenticeship) | | | |  |  |  |

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| **(D) RESEARCH AWARD DETAILS - only complete if funded by *research award*** | | | | | | | | | | | | |
| Principal Investigator (PI) | School (PI) | | Award Funding Body | HESA code | WBS element  e.g. RG.WXYZ.44\*\*\*\* | | | | Period of appointment to be charged to this WBS element | | Split of funding % | |
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| **(E) NO RE-APPOINTMENT Complete if there is no further appointment to be offered** | | | | | | | | | | | |  |
| 1. A suitable position is available, but the employee wishes to leave | | | | | | | | | | | |  |
| 2. No suitable position is available, please select reason below | | | | | | | | | | | | |
| There are no further funds available from the external grant income which supports the appointment | | | | | | |  | The maternity pay or statutory maternity payments are ending | | | |  |
| The temporary replacement cover provided by this post is no longer required | | | | | | |  |  | | | |  |
| There is no longer a requirement for the temporary input of a specialist practitioner | | | | | | |  |  | | | |  |
| There is no further demand for the teaching provision which required this post | | | | | | |  |  | | | |  |
| The task or project, which was the sole purpose of this post, has been completed and the specific end date has been reached | | | | | | |  |  | | | |  |
| The defined fellowship / training position (e.g. KTP associate, Clinical Fellowship, Apprenticeship) is ending | | | | | | |  |  | | | |  |
| (F) CONFIRMATION OF MEETING | | | | | | | | | | | | |
| Has a meeting been held with the member of staff to confirm the above decision | | | | | | | | | | YES/NO\* | | |
| Please indicate who the meeting was held with | | Faculty Dean / Head of School/Service / Formal Nominee (name)…………………………………………………………………………… | | | | | | | | Date of meeting  .......…........................ | | |
| **(G) REDEPLOYMENT** | | | | | | | | | | | | |
| Please tick appropriate box. The employee:-  Is not entitled to redeployment Is on the redeployment register  Has chosen not to go on the register Has not yet decided whether to join the register | | | | | | | | | | | | |
| **(H) FUTURE FUNDING** | | | | | | | | | | | | |
| Is it likely that an application for further funding is to be made with the possibility of extending the contract beyond the current end date?  Yes No  If the answer is yes, please let Central HR have details of the new funding as soon as possible. We will not end the individual’s payroll record until the month of leaving. | | | | | | | | | | | | |
| (I) LEAVING DETAILS: Annual leave in the current year | | | | | | | | | | | | |
| Number of days/hours outstanding to be paid in lieu.  \*Days/Hours  \* Delete as applicable | | | | | | Number of days/hours taken in excess of entitlement.  (To be deducted from final pay).  \*Days/Hours  \* Delete as applicable | | | | | | |
| **(J) EMPLOYMENT DESTINATION: Please state employment destination** | | | | | | | | | | | | |
| **Please tick one box:**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | 01 | Working in a higher education institution |  | 02 | Working in another education institution |  |  | | 03 | Working in a research institution (private) |  | 04 | Working in a research institution (public) |  |  | | 05 | NHS/General medical practice/General dental practice |  | 06 | Working in another public sector organisation |  |  | | 07 | Working in the voluntary sector |  | 08 | Working in the private sector |  |  | | 09 | Self –employed |  | 10 | Registered as a student |  |  | | 11 | Retired |  | 12 | Not in regular employment |  |  | | 13 | Not known |  |  |  |  |  | | **(K) LOCATION AFTER LEAVING:** | | | | | |  | | 01 | England |  | 02 | Wales |  |  | | 03 | Scotland |  | 04 | Northern Ireland |  |  | | 05 | UK (not otherwise specified) |  | 06 | Other EU |  |  | | 07 | Non-EU |  | 08 | Not known |  |  | | | | | | | | | | | | | |

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| (L) CONTACT DETAILS: Forwarding Home Address: | | |
| Email  Address:  Telephone Number: | | |
| (M) END OF CONTRACT PAYMENT | | |
| If entitled to an end of contract payment, please indicate cost object to be charged | |  |
| (N) FACULTY DEAN / HEAD OF SERVICE etc (OR FORMAL NOMINEE): APPROVAL | | |
| Signature: | Date: | |
| \* (O) FACULTY FINANCE MANAGER (OR FORMAL NOMINEE): APPROVAL | | |
| Signature: | Date: | |
| \* (P) PI’S FACULTY DEAN (OR FORMAL NOMINEE): APPROVAL | | |
| Signature: | Date: | |

\**Guidance on completing the form and signatures required is available at* <http://hr.leeds.ac.uk/reapt_guidance>