Payroll Use Only – Employee Number

**MP’s Name** CAPITAL LETTERS **Constituency**  CAPITAL LETTERS

**Staff Member Details:**

Title First Name Last Name

**Amendment to Salary**

£

£

Current Salary (per annum) Revised Salary (per annum)

I confirm that this temporary pay rise is **not** a substitute bonus payment

Yes 🞏

Date effective from

End date (if temporary change)

**Changes to weekly hours**

Current Hours (per week) Revised Hours (per week)

Date effective from

Hours **Per day** Mon Tue Wed Thu Fri Sat Sun

(number of hours in each box)

**Further Information:**

**Change to job title – for a change in job title please submit a new Job Description and Variation Letter**

Current Revised

Job Title Job Title

**Authorisation and Declaration**

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| * I hereby authorise IPSA to make the salary amendment outlined above
 |
| Staff Member’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | MP’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***Note: Amendments must be received before the 15th of each month. If the 15th falls on a weekend then the payroll cut-off is the previous working day.***

**Please email this signed form to** **payroll@theipsa.org.uk**

**Alternatively, please send your completed form to IPSA, 2nd Floor, 85 Strand, London, WC2R 0DW.**

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| **Payroll use only** **Keyed by *X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Checked by *X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
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**If you have any questions about completing this form, please call 020 7811 6400 / Option 2.**