Payroll Use Only – Employee Number

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

**Staff Member Details:**

Title First Name Last Name

**Amendment to Salary**

**Only complete this form if you want to award more than the 1% automatic increase from 1st April 2021**

£

£

Current Salary (per annum) **Revised Salary including 1% (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)

**If this contractual change should be costed to the Staff COVID budget please tick this box and provide any additional information in the comments box if necessary**

**From Staff COVID Budget?**

**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**

|  |  |
| --- | --- |
| * 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**](mailto:payroll@theipsa.org.uk)

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

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| --- |
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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.**