**PAYROLL AMENDMENT FORM**

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| --- | --- |
| Recipient’s Name: |  |
| Representative’s Name:  (if applicable) |  |

Please complete this form for any changes to your employee’s contracted hours. Contracted hours of work are the basic minimum hours your employee works **each week**.

IT IS YOUR RESPONSIBILITY TO CONTACT US WITH ANY CHANGES TO THE CONTRACTED HOURS.

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| --- | --- | --- | --- |
| **Name of Personal Assistant** | | **Weekly contracted hours of work** | **Overnight Rate (10pm-8am)** |
| Print Name |  | Hours | Nights |
| Signature |  | £       per hour | £      per night |
| Date |  |  |  |

I understand that if I do not notify the personal health budget support service of any variance in my employee’s hours, including bank holidays they will be paid according to the hours on this form.

**Please read and sign the declaration below.**

**By signing this declaration, you are agreeing that you have read and understood the following responsibilities:**

1. You are responsible for managing the budget to ensure that you have sufficient funds to meet your statutory employer costs, for example: annual holiday pay, statutory sick pay and statutory maternity pay/paternity pay.
2. The Personal Health Budget Support Service cannot authorise the use of additional hours unless the service has received confirmation from the CCG. Payroll can only produce payslips based on your individual assessed hours.
3. It is a criminal offence for Employers not to pay the National Minimum Wage and failure to comply can result in being fined.
4. You must provide the Personal Health Budget Support Service with an up-to-date copy of your Public/Employer’s Liability Insurance certificate.

Employer’s Name:

Employer’s Signature:

Date:

For office use only:

|  |  |  |  |
| --- | --- | --- | --- |
| Week/date effective from | Authorised by | Amended by | Date |
|  |  |  |  |