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PERSON\_NUMBER

LETTER\_DATE

**Private & Confidential**

TITLE FIRST\_NAME LAST\_NAME

ADDRESS\_LINE\_1

ADDRESS\_LINE\_2

TOWN\_OR\_CITY

POSTAL\_CODE

Dear EMPLOYEE NAME,

# **TEMPORARY - CHANGE IN HOURS**

I wish to confirm that your hours of appointment as CONTRACTUAL POSITION\_NAME have temporarily changed to WEEKLY WORKING HOURS, with effect from START DATE until END DATE. At the end of this period you will revert to your substantive hours and your salary will be adjusted accordingly. Your revised salary will be £FTE SALARY, pro rata = £PRO RATA SALARY per annum.

In every other respect your terms and conditions of service remain the same as in the Statement of Particulars of Employment previously issued to you.

If you notice that you have received payment that you are not entitled to, you must immediately notify SCHOOL NAME in writing. Knowingly accepting payment you are not entitled to is a disciplinary offence which may result in action being taken against you.

Yours sincerely

HEAD TEACHER

SCHOOL NAME

SCHOOL ADDRESS

TEL NO