colourlogoweb

**AUTHORISATION FOR COMMENCEMENT OF EMPLOYMENT ON NON STANDARD CONDITIONS**

**This form should be used in exceptional circumstances only and be submitted to your Service Manager**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **APPLICANTS DETAILS** | | | | | | | | |
| Full Name: |  | | | | | |  |  |
| Department: |  | |  | | | | Location: |  |
| Post Title: |  | | | | Post Ref: |  | Employment Status: |  |
| Anticipated Start  Date: | |  | |  | | | Line Manager: |  |

|  |  |
| --- | --- |
| **SALARY DETAILS** | |
| Range for Post |  |
| Spinal Column Point To be Appointed on |  |
| Reason for Variance From Lowest Point  *(Proof Required for a Salary Match)* |  |
| **ANNUAL LEAVE DETAILS** | |
| Number of Days to be Allocated |  |
| Reason for Variation |  |
| I request the above named commences employment on the conditions detailed above.  Signed…………………………….. Designation ……………………… Date………………………………. | |

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| I DO / DO NOT AUTHORISE THE EMPLOYEE TO COMMENCE EMPLOYMENT ON THE CONDITIONS DETAILED  *(Delete as appropriate)*  Signed……………………………………………….….(Service Manager) Date …………………………………….......  **ONCE AUTHORISED, THE FULLY COMPLETED FORM ALONG WITH ALL OTHER DOCUMENTS AND APPOINTMENT INFORMATION SHOULD BE UPLOADED TO TALENTLINK**    **PLEASE NOTE :- THE APPOINTMENT WILL ONLY BE PROCESSED WHEN THIS SIGNED FORM IS RECEIVED.** |