
Form - Employee - Amendment to Hours

Date	
First Name	
Last Name	
Relevant Position	

Dear

RE: Amendment to Hours

Further to our discussion please find detailed herein, amendments to your working conditions with Headway Gippsland Inc.

Term (select one):

Permanent Amendment

Details of these permanent amendments are as follows,

1. On _____ your hours with permanently change from _____ to _____ per week.
2. The dates of your current Employment Contract remain the same:
 - From:
 - To:

Temporary Amendment

Details of these temporary amendments are as follows, conditional on your written agreement;

1. For the period of _____ until the close of business on the _____, your hours will be temporarily increased to _____ hours per week. On conclusion of this period or unless otherwise advised in writing, you will return to your substantive regular contracted hours of _____ hours per week.
2. All timesheets, expenses and leave requests are to be submitted as required, on time and to satisfactory completion by their due date.

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3. Your conditions will accrue proportionately to this temporary increase to your hours for this specified period. Your conditions will revert to the hours stipulated in your contract of employment immediately following the conclusion of this arrangement, unless otherwise agreed in writing.

All other conditions of your employment remain unchanged as determined by your Employment Agreement.

If you accept the terms and conditions of this temporary variation to employment, please sign and return one copy of this letter no later than .

Yours sincerely

Jenelle Henry
Chief Executive Officer

Employee

Name	
Date	
Signature	