# **\\GROMIT\Human Resources\ERBP\HR Projects\16. Employer brand\UoK Brand and Logo\Logos\HR blue logo 40perc original size.jpgINDUSTRIAL ACTION 2021/2022 ADJUSTMENT FOR PART-TIME VARIABLE WORKING HOURS:**

This form should be completed by part time staff to change their pay deduction for strike action to reflect their actual lost working time. The strike absence should be recorded on Staff Connect. A copy of this form will be held on your HR file for a period in line with our data retention policy. This data will be used to assist the University in planning mitigation and to assess the impact of the action.

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| **PART 1: EMPLOYEE DETAILS** | | | | | | | | | | | | | |
| *For completion by the EMPLOYEE only* | | | | | | | | | | | | | |
|  | |  |  | | |  | |  |  | | | | |
| **Title** | |  |  | | | **Staff ID number** | |  |  | | | | |
|  | |  |  | | |  | |  |  | | | | |
| **Forename(s)** | |  |  | | | **Post number** | |  |  | | | | |
|  | |  |  | | |  | |  |  | | | | |
| **Surname** | |  |  | | | **Job title** | |  |  | | | | |
|  | |  |  | | |  | |  |  | | | | |
| **Weekly hours** | |  |  | | |  | |  |  | | | | |
|  | |  |  | | |  | |  |  | | | | |
| **School/Department** | |  |  | | | | | | | | | | |
|  | |  |  | | |  | |  |  | | | | |
| **PART 2: HOURS DUE TO HAVE BEEN WORKED** | | | | | | | | | | | | | |
| *Please complete this section as fully as possible, please add new rows, if required* | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Date** | **Hours due to have been worked** | | | | **Date** | | **Hours due to have been worked** | | | | |
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| **PART 3: DECLARATION** | | | | | | | | | | | | |
| *For completion by the EMPLOYEE only* | | | | | | | | | | | | |
| **I confirm that I was due to work the above hours, but did not due to strike action:** | | | | | | | | | | |  | |
| **I confirm that I would like the University to adjust my pay deduction to reflect the hours not worked rather than 1/365 of my salary. I have also recorded an absence in Staff Connect for the dates above:** | | | | | | | | | | |  | |
| Employee name: | | | | Signature: | | | | | | Date: | | |
|  | | | |  | | | | | |  | | |
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| **PART 4: AUTHORISATION** | | | | | | | | | | | | | |
| *For completion by the School/Department only* | | | | | | | | | | | | | |
| **I confirm that the above work was due to be undertaken and was not. I further confirm that the hours indicated above are an accurate record of the employees normal working pattern:** | | | | | | | | | | | | |
| Name: | | | | Signature: | | | | | | Date: | | |
|  | | | |  | | | | | |  | | |
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### Once completed, this form should be sent to [hrindustrialaction@kent.ac.uk](mailto:hrindustrialaction@kent.ac.uk) with a copy retained by the employee.