

# PAY VARIATIONS NOTIFICATION FORM



Name of Employer	
------------------	--

Dates		Reason (tick)			Name of Personal Assistant(s)	Weekday hours worked		Weekend hours worked	
From	To	Holiday leave/ Holiday cover	Sickness cover or absence	Agreed increase / reduction		More hours	Less hours	More hours	Less hours

**Signed (Employer or their representative)**

**Date**

If you would prefer to use an electronic version of this form download from [www.yourpayroll.org.uk/forms](http://www.yourpayroll.org.uk/forms)

We need this information no later than 10 working days prior to the next pay date as it is unlikely we will be able to make the adjustments in time, otherwise any variations shall be processed in the next pay run.

**Note:** Unless the person providing holiday cover is registered with HMRC we cannot process their payroll. If you require a New Starter Form to register such a person download the form from [www.yourpayroll.org.uk/forms](http://www.yourpayroll.org.uk/forms)

**NOTE: By signing or typing your name here you are declaring the information is a true record**