

**CLINICAL ACADEMIC PAYMENT SCHEME (CAPS)
CHANGE OF CAPS CONTRACT AUTHORISATION FORM**

Employee Name	
Job Title	
Payroll Number	

DETAILS OF CHANGE

	Current Details	Change to be Authorised
Date of Change (dd/mm/yyyy)		/ /
FTE		
% split		

CAPS Change approval (to be completed by Finance ONLY):

	Current CAPS		Revised CAPS	
	Amount	Cost Code	Amount	Cost Code
Clinical Academic Weighting				
OOH Rota				

AUTHORISATIONS

I hereby authorise the change as detailed above :	Signed	Dated
Vice Principal (Clinical Affairs)		/ /
Vice Principal (Learning and Student Experience)		/ /
Finance Authorisation		/ /

Once completed and authorised this form should be sent to the Human Resources Department for processing.