**HOURLY PAID LECTURER/ACADEMIC SUPPORT/DEMONSTRATOR**

**SCHEDULE & REQUEST FOR ISSUE OF CONTRACT**

**This form should not be used to pay students**

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| --- | --- | --- |
| All fields are to be completed fully. If the fields are not completed correctly, the form will be returned to the Faculty/Directorate before any contract and payment is authorised.**Form to be submitted to: People Directorate, Rm 206 Southwood House, Avery Hill Campus***For Human Resources Directorate Use only.* *Action completed by the People Directorate:*Actioned by: ………………………………………..Date: ………………………………………..Employee & Assignment Number: ……………………….

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| --- |
| **Section 1:**Faculty …………………………………………………………………………. |
| Department …………………………………………………………………… |

 |
|  |
| Title Prof/Dr/Mr/Mrs/Ms/Miss  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |

**NI Number** |
| First Name   | Email Address for Correspondence |
| Surname  .  | Home Address  |

**SCHEDULE OF HOURS**

Location (state Greenwich, Avery Hill or Medway): ………………………………………………………..

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DATE of First attendance | DATE of last attendance | Number of weeks | Day of attendance | Time of attendance | Number of hours per week | Category 1 – 3\* | Subject | Total hours committed |
|  |  |  |  |  |  |  |  |  |

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Nominal Code 1/…………./……….../ 62111 /…………. Total Hours

|  |  |  |  |
| --- | --- | --- | --- |
| Initiated by | ………………………………………Print Name | ………………………………………….Signature | Date  |
| PVC of Faculty/Head of Dept/ Director of Resources | ………………………………………Print Name | ………………………………………….Signature | Date  |
| Contact for Queries ………………………………………………………………………………………… |
| **Employee – I accept:**1. **the hours of employment as detailed in this schedule;**
2. **I will report when for any reason timetabled work is not undertaken and it is not rearranged so pay adjustments can be made;**
3. **that hours of employment will vary yearly according to the needs of the University; and**
4. **that there is no enhancement for overtime, weekend or evening work.**

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| **Employee** | **……………………………………… Print Name** | **…………………………………………. Signature** | **…………………….Date**  |

**Note: Please keep a copy of this schedule for your records.** |
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**Section 2: To be completed by PVC of FACULTY/Head of Department**

The main reasons why an appointment of an Hourly Paid Lecturer will be made are to sustain part of a programme/course pending a permanent appointment or to cover the planned or long term absence of a member of staff. Please answer the questions below to clarify the reasons for your request.

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| Is this request linked to an unfilled vacancy? Please specify.  |

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| Please state any other reasons to support this request. |

**\*Teaching Category Definitions**

The allocation to a teaching category identifies the rate that will be paid for the work identified.

**Category 1** **Hourly Paid Lecturer -** Based on spine points 30-35 - for appointments where individuals are to engage in teaching relating to the undergraduate or postgraduate curriculum
**Note:** For every hour of teaching delivered up to one and a half hours of associated preparatory and follow on activities are covered by the hourly rate. This means that the associated marking with the teaching delivered is included in the rate.

**Category 2** **Hourly Paid Academic Support -** Based on spine point 22 - for appointments where the work involves providing instruction to students related to their studies but is not directly part of the curriculum, or assisting Lecturing Staff under direction and also where additional supplementary academic related work is undertaken that does not directly involve the delivery of Teaching. For Department meetings and away days and should not exceed 15 hours in any academic year. For additional marking responsibilities, beyond a HPPLs’ teaching load.

**Category 3** **Hourly Paid Demonstrator -** Based on spine point 12 - for appointments where individuals are to demonstrate use of equipment or to run sessions relating to non-academic activities.

*Current rates of pay can be found at:* [*https://www.gre.ac.uk/hr/payscales-and-ranges*](https://www.gre.ac.uk/hr/payscales-and-ranges)

**Notes for Completion**

* Use a separate schedule for each category.
* Accurately record first and last dates of attendance so they reflect the number of weeks worked
* Ensure any breaks are recorded.
* Ensure the nominal code section is fully completed.

**Section 3**

Please ensure the form is fully completed and the following documentation is attached:

* Suitable copy of Eligibility to Work verified by the Faculty/Directorate (any passports or visas submitted should have the front, back and photo section of the passport/Visa)
* Verified copies of Qualifications listed in Personal details (degree level and above)
* Certificate of Beginning Work
* Statutory Sick Pay form
* Emergency Contact Details

**Immigration, Asylum and Nationality Act 2006**

It is a legal requirement placed upon employers for **all new employees** to comply with the provisions of the Immigration, Asylum and Nationality Act 2006. The legislation requires employers to verify that any person selected for employment is eligible to work in the United Kingdom. The University is required to see, take a copy and verify appropriate documents **before** employment commences.

Following Brexit and the changes to immigration legislation on 01/01/2021 staff employing Hourly Paid Lecturers must ensure that they have used the HPL UKVI Checklist to assess a candidates’ right to work in the UK. Staff should familiarise themselves with the latest version of eligible documentation guidance: <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/946589/An_employer_s_guide_to_right_to_work_checks.pdf> Use Annex A to view the list of acceptable documents.

The University of Greenwich are **not able** to sponsor an Hourly Paid Lecturer on a Skilled Worker visa due to meeting the salary threshold requirements set by the UKVI and the nature of the work.

You should also note that anyone who is currently sponsored on a Tier 2 or Skilled Worker visa by another employer should be discussed with the People Directorate before any appointment is made. The People Directorate will need to check that the individual is sponsored under the same SOC code as the work they are intending to undertake for the University of Greenwich.  Following these discussions with the People Directorate, anyone who is permitted to work for the University of Greenwich will be limited to a maximum of 20 hours per week supplementary work in line with the terms of their Tier 2/Skilled Worker visa.

To be eligible to be an Hourly Paid Lecturer you must be living and have the right to work in the UK.

**UKVI Checklist for Academic Staff or Faculty/Directorate Administrators Engaging HPLS:**

Before you offer anyone an HPL or Special Lecturer contract, the following questions must be asked of the individual:

1. **Are you British or Irish National (and have a valid UK or Irish passport)?**
	1. If **YES** – an offer of work can be made
	2. If **NO** – you must ask the following questions:
2. If **NO –** are you from the EU and were you living in the UK prior to 31 Dec 2020?
	1. **If YES** – must have valid EU passport and ideally settled or pre-settled status (Settled or pre-settled status will be mandatory from 1st July 2021)
	2. **If NO** - you cannot proceed further with any offer of work
3. **Do you require permission to work in the UK?**
	1. **If YES** – you cannot and must not proceed further with any offer of work
	2. **If NO** – you must ask does the individual have indefinite leave to remain or has a valid spousal visa
	3. **If NO** – as already on a Tier 2/Skilled Worker visa sponsored by another employer, you must check with the People Directorate before any offer of work is made
	4. **If NO** - and point 3b/c does not apply repeat questions 1 and 2 if these have not been asked already

**Other Important Points to Note:**

* Hourly Paid Lecturers must not be engaged and allowed to work remotely outside of the UK or Ireland
* Hourly Paid Lecturers will not be given an affiliate account in the future prior to a contract being in place and eligibility documents checked

At all times seek advice from the People Directorate if you have any queries.

**Section 4: Personal details**

**To be completed by all new employees**

|  |  |
| --- | --- |
| **Forenames:**  | **Surname:**  |
| **Title:**  | **National Insurance Number:**  |
| **Home address (inc Post Code):**  | **Email Address:**  |
| **Mobile Number:**  |
| **Work Number:**  |
| **Home Number:**  |
| **Please confirm your current status in terms of entitlement to work in the UK**\*I am a British/Irish citizen and do not require permission to work in the UKI am NOT a British/Irish citizen but I have permission to work in the UKI am NOT a British/Irish citizen and I would require sponsorship to engage in paid work in the UKI am NOT a British/Irish citizen and I am a student on a Student Visa able to engage in limited paid work in the UK.(Please note: Under a Student Visa you can work a maximum of 20 hours per week)**Please provide full details including expiry dates of your permission to work in the UK:** |

**Present Employer**

|  |  |
| --- | --- |
| **Name of Employing Organisation:** | **Job Title:**  |
| **Start Date:**  | **End Date:**  | **HESA Number (if applicable):** |
| **Employer's Address (inc Post Code):**  | **Telephone:**  |
| **Email:**  |

**Education and Professional Development – please give details of any qualifications held at degree level and above:**

*Please supply your Faculty/Directorate with originals of any academic/professional qualifications listed. Verified copies will be required to be submitted with this request.*

|  |  |  |
| --- | --- | --- |
| **Institution:**  | **Location:**  | **Start and End Dates:**  |

|  |
| --- |
| **Examinations and results:** |
| **Type:** | **Subject:** | **Grade:**(Please also state "Actual" or "Predicted") | **Date:** |
|  |  |  |  |
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| --- | --- | --- |
| **Institution:**  | **Location:**  | **Start and End Dates:**  |

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| **Examinations and results:** |
| **Type:** | **Subject:** | **Grade:**(Please also state "Actual" or "Predicted") | **Date:** |
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| --- | --- | --- |
| **Institution:**  | **Location:**  | **Start and End Dates:**  |

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| --- |
| **Examinations and results:** |
| **Type:** | **Subject:** | **Grade:**(Please also state "Actual" or "Predicted") | **Date:** |
|  |  |  |  |
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**Equality of Opportunity**

|  |  |
| --- | --- |
| **Gender:** Male Female Prefer not to say | **Is your gender identity the same as the gender you were originally assigned at birth**?Yes No Prefer not to say |
| **Sexual Orientation:**BisexualGay ManGay Woman/LesbianHeterosexual Prefer not to say | **Marital Status:**Co-habitingDivorced or civil partnership dissolvedMarried or in a civil partnershipSeparated SingleWidowed Prefer not to say |
| **Religion or Belief:**BuddhistChristianHinduJewishMuslimSikhOtherNonePrefer not to say | **Nationality:****Date of Birth:** |
| **Disability**Disability is defined by the Equality Act 2010 as a physical or mental impairment which has a substantial and long-term (at least 12 months) affect on your ability to carry out normal day-to-day activities. **Do you have a disability as defined by the Equality Act 2010?**Yes     No    Do not wish to declare   **If you have answered yes above, please give details:** Specific learning disability (e.g. dyslexia, dyspraxia)General learning disability (e.g. Down's syndrome)Cognitive impairment (e.g. autistic spectrum disorder, resulting from head injury)Long-standing illness or health condition (e.g. cancer, HIV, diabetes, chronic heart disease, epilepsy)Mental health condition (e.g. depression, schizophrenia)Physical impairment or mobility issues (e.g. a wheelchair user, difficulty using chair arms)Deaf or serious hearing impairmentBlind or serious visual impairmentOther type of disabilityMultiple disabilities**If other type of disability, or multiple disabilities, please give details:****Please specify any needs in terms of access to equipment or facilities that you require to enable you to fully undertake the duties of the post:****Please use the space below to provide us with any further information that you wish to provide:** |
| **Ethnic Origin:** White - BritishWhite - IrishOther White backgroundBlack or Black British - CaribbeanBlack or Black British - AfricanOther Black backgroundAsian or Asian British - IndianAsian or Asian British - PakistaniAsian or Asian British - Bangladeshi | ChineseOther Asian backgroundMixed - White and Black CaribbeanMixed - White and Black AfricanMixed - White and AsianOther Mixed backgroundOther BackgroundNot knownInformation refused |

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| **Signed:**  | **Date:**  |



**CERTIFICATE OF BEGINNING WORK**

For Hourly Paid Lecturers

***NO PAYMENT OF SALARY CAN BE MADE***

***UNTIL THIS FORM IS RECEIVED BY***

***THE PAYROLL OFFICE***

It should therefore be completed by the member of staff and handed ***ON THE FIRST DAY OF SERVICE (or as soon as possible thereafter)*** to the line manager, who should certify below and forward it promptly to the **Payroll Office** **(AH-SH 114)**.

Surname ................................................................................ (Mr/Mrs/ Miss /Ms/Mx/Dr/Prof ) ...............

*(In Block Capitals)*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Names(s)................................................................. | N.I. Number |  |  |  |  |  |  |  |  |  |

Home Address .............................................................................................................................................

Email Address………………………………………………....

If P45 is not attached, do you expect one to follow shortly? Yes / No

(Note: If P45 is not attached, other documentary evidence of NI number is required.)

**Note: In the absence of a P45, you should complete HMRC Starter Checklist form and forward it to the Payroll Office as soon as possible:** <http://www.hmrc.gov.uk/forms/starterchecklist.pdf>

If you are over State Pension Age, please also enclose your **Certificate of Age Exception**.

 Name of Bank ............................................................................................................

 Title of Branch ...........................................................................................................

 Address of Branch .......................................................................................................

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Sort Code |  |  | **-** |  |  | **-** |  |  | Account Number |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Building Society A/C Number |  |  |  |  |  |  |  |  |  |  |  |  |

Signature ................................................................................. Date ........................

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The above named member of staff began work PART-TIME on ...........................................( Date )

Faculty/Directorate ............................................................... Tel/Ext ........................................

Name …………………………………………….. (Line Manager)

*(Block Capitals)*

Certified ……………………………………………..(Line Manager)

Date ........................

(To be certified, then sent to the Payroll Office, Room 114, Southwood House, Avery Hill Campus)



**TO ALL NEW EMPLOYEES**

**Statutory Sick Pay**

The University needs to know whether you have received any of the following State Benefits within the 57 days prior to starting work, as this affects your entitlement to SSP:

Sickness Benefit

Invalidity Benefit

Non-contributory Invalidity Pension

Maternity Allowance

If you have received any of the benefits you should have a letter from the DWP telling you that you are excluded from SSP and for how long the exclusion lasts. On your first day of work would you please forward this letter to the **Payroll Office** or, if you have not received such a letter, then let the Payroll Office know so that the matter can be pursued with the DWP.

Gail Brindley

Executive Director of People

**To:** Payroll Office

**From:** Name ………………………………. Faculty\Directorate…………………………..

I confirm that during the 57 days prior to starting work with the University of Greenwich:-

1 I have received none of the above benefits.

2 I have received payment of ……………..

(Delete as appropriate)