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Description automatically generated

**Extension to Fixed Term Contract/Secondment Form**

An extension to a fixed-term contract will only be issued where there is an objective justification for why a permanent contract should not be offered. See [Fixed Term Contracts](https://docs.gre.ac.uk/rep/people/fixed-term-contracts-and-externally-funded-appointments-of-a-limited-duration-guidance-and-policy) policy for examples of objective justification.

|  |  |
| --- | --- |
| **Employee Details** | |
| **Surname** |  |
| **First Name** |  |
| **Employee Number** |  |
| **Job Title** |  |
| **Start Date in Role** |  |
| **Directorate/Faculty** |  |
| **School/Dept/Section** |  |
| **Is this employee working on a Skilled Worker Visa?** | If employee is a sponsored please liaise with the Staff Visa Compliance Team |

|  |  |
| --- | --- |
| **Authorising Manager Details** | |
| **Surname** |  |
| **First Name** |  |
| **Job Title** |  |

|  |  |
| --- | --- |
| **Extension Details** | |
| **Continuous Service Start Date** |  |
| **Last Day of Current Fixed Term/Secondment** |  |
| **Start Date of Extension** |  |
| **End Date of Extension** | ***\*****Managers note well - employees with 2 years’ service acquire unfair dismissal and redundancy rights* |
| **Does this extension take the employee over four years?** |  |
| **External Grant** | If applicable |
| **Grant End Date** |  |
| **Please give detailed reasons for requesting an extension** (Please include name of project or employee being covered and tasks still recovered) |  |

|  |  |  |
| --- | --- | --- |
| **Funding Details** | | |
|  | **Funding code** | **Funding Source** |
| **Internally Funded** |  |  |
| **Externally Funded** |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Authorisation** | | | |
|  | **Name** | **Signature** | **Date** |
| **Line Manager (Please ensure you have the budget holder’s approval)** |  |  |  |
| **Faculty Operating Officer/Directorate Budget Holder** |  |  |  |
| **Finance Directorate** |  |  |  |
| **People Directorate Input** |  |  |  |

**Please email this form to your People Operations Adviser and your Finance Business Partner**

People Directorate Use only

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Actioned by | Date Request Received | Date Passed to Finance (if applicable) | Returned by Finance  (if applicable) | Horizon Amended (please sign above) |
|  |  |  |  |  |
| Notes | | | | |