## Extension of Appointment

*for Warden, Assistant Warden*

*or Subwarden*

HR Division

02/18



|  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Contract Extension:** | | | | | | | | | | | | |
| **Surname** |  | | | | | | | | Forename | |  |  |
| Title | Warden   Assistant Warden  Subwarden | | | | | | | | | | | |
| Name of Hall |  | | | | | | | | | | |  |
| Date of extension | From: | | | | | | | | | To: | |  |
|  |  | | | | | | | | | | |  |
| CID Number |  |  |  |  | |  |  | *Please look on staff/student ID card* | | | |  |
|  |  | | | | | | | | | | |  |
| Other Changes | Please specify: | | | |  | | | | | | |  |
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| Eligibility | |
| Wardens/Assistant Wardens:Subwardens: | must be a member of staff/full time postgraduate student  **usually postgraduate students** |
|  | |

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| --- | --- | --- | --- | --- | --- | --- |
| **Authorisation Details:** | | | | | | |
| I confirm that the person named above is eligible to continue as Warden/Assistant Warden/Subwarden | | | | | | |
| Name of person requesting contractual change | | |  | | |  |
| *Authorisation:*  *Wardens – to be authorised by the Director of Student Services*  *Assistant and Sub Wardens – to be authorised by the relevant Warden*  *Once authorised, please forward form directly to HR.* | | | | | | |
| **Title / Position** |  | | | | |  |
| **Signature** |  | | | Date |  |  |
|  | |  | | | |  |

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| --- |
| For HR Use only |
| Continuous Service Date in role (include in extension letter): |