

CHANGE IN CONTRACTED HOURS



Office Use Only:

Contract entered in harmony

Staff Initial: _____ Date actioned ____/____/____

EDUCATOR DETAILS FDC

First Name:	Surname:
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PARENT/GUARDIAN DETAILS

First Name:	Surname:
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CHANGES IN EFFECT FROM MONDAY ____ / ____ / ____ **TO** ____ / ____ / ____ (end date if applicable)

CHILD 1 DETAILS		First Name:				Surname:								
<input type="checkbox"/> Permanent Weekly (Insert hours) <input type="checkbox"/> Permanent Fortnightly (Insert hours) <input type="checkbox"/> Casual (No hours required)														
Contracted Hours	Mon		Tue		Wed		Thu		Fri		Sat		Sun	
	From	To	From	To	From	To	From	To	From	To	From	To	From	To

CHILD 2 DETAILS		First Name:				Surname:								
<input type="checkbox"/> Permanent Weekly (Insert hours) <input type="checkbox"/> Permanent Fortnightly (Insert hours) <input type="checkbox"/> Casual (No hours required)														
Contracted Hours	Mon		Tue		Wed		Thu		Fri		Sat		Sun	
	From	To	From	To	From	To	From	To	From	To	From	To	From	To

CHILD 3 DETAILS		First Name:				Surname:								
<input type="checkbox"/> Permanent Weekly (Insert hours) <input type="checkbox"/> Permanent Fortnightly (Insert hours) <input type="checkbox"/> Casual (No hours required)														
Contracted Hours	Mon		Tue		Wed		Thu		Fri		Sat		Sun	
	From	To	From	To	From	To	From	To	From	To	From	To	From	To

CHILD 4 DETAILS		First Name:				Surname:								
<input type="checkbox"/> Permanent Weekly (Insert hours) <input type="checkbox"/> Permanent Fortnightly (Insert hours) <input type="checkbox"/> Casual (No hours required)														
Contracted Hours	Mon		Tue		Wed		Thu		Fri		Sat		Sun	
	From	To	From	To	From	To	From	To	From	To	From	To	From	To

Please attach another change in contract where there are more than 4 children in the family.

Educator Signature:						Date: ____ / ____ / ____					
Parent/Guardian Signature:						Date: ____ / ____ / ____					
Copy to Admin Office: <input type="checkbox"/> Yes			Copy retained Educator: <input type="checkbox"/> Yes			Copy to Parent: <input type="checkbox"/> Yes					

YMCA Family Resource Centre
 PO Box 1201, Busselton WA 6280
Telephone (08) 9752 4033
Email bsnfrfc@ymcawa.org.au