**Sheet 4 - Notification of staff changes**

*(to be completed* ***in full*** *with help from the* ***local safety officer****, if appointed)*

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| *Surname:* | | *Name:* |
| *Date of birth:* | *Sex:*  **** M  F | *Tax ID Number:* |
| *Municipality of birth:* | | *Municipality of residence:* |
| *Telephone:* | | *E-mail address:* |
| *Weekly hours (if under contract):* | |  |
| *Position \*:* | |  |
| *Workplace (address):* | |  |
| *Work Area/Research Group (Note 1):* | |  |
| *Workplace number/code \*\*:* | |  |
| *Head of Work Area/Tutor:* | |  |
| *Expected duration of stay:* | |  |

**\****Indicate Cat.B-C-D-EP, technical, administrative or libraries area, full/associate prof, researcher, student/internal pupil/thesis writer, educational tutor, PhD student, scholarship holder, contract worker, attending graduate etc.*

**\*\*** *Indicate the BUILDING (if applicable) and the FLOOR as well.*

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| ** SECTION 1 - NOTIFICATION OF:**  ** Start of service(a) or  Extension of contract** from …………………………….  ** Transfer to other location** (……………………………………………) from …………………………….  ** Change of duties(a)** from …………………………….  ** Restart of work following long absence (b)**  from …………………………….  with consequent REQUEST(a)/ VERIFICATION(b) of FITNESS FOR THE SPECIFIC JOB in the cases provided for by law (Legislative Decree *81/2008,* art. *18,* paragraph *1*, lett. *g*; art *41,* paragraph *2,* lett. *e-ter*). |

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| **Type of activity:** | * **activities principally carried out in study/office** (possibly with teaching activities and/or occasional laboratory work); * **reception/general services/maintenance activities** …………………………………………… * **administration-management activities  library staff  IT technician**   with use of VDU for  more than 20 hours/week  less than 20 hours/week   * **laboratory activities/other research activities/surgery** *(complete the specific risks sheet for the Structure, as agreed with the Occupational Physician - Note 2 - or fill in the space below);* * **other** …………………………………………………………………………………………….. |
| **Description of principal activities** *(Note 3)*: | |

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| ** SECTION 2 – NOTIFICATION OF TERMINATION OF WORKING ACTIVITIES**  ***(Decree 81/2008, art. 18, para. 1, letter g-bis)***  Termination of activities at the Structure from ………………………………………………………….. |

Date ……………..………… Head of facility, Prof. Paolo Tortora

*(signature)* ……………………………………..

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| **INSTRUCTIONS FOR COMPLETION**  The term **worker** means *person who, regardless of the type of contract, carries out a working activity within the organisation of a public or private employer, with or without remuneration, even if only to learn a trade, art or profession* […].  The completion of this form has **3 purposes** intended to comply with precise legal obligations placed on the Employer/Senior Manager: **(1)** update the organisation chart of the structure in real time; **(2)** enable special or advance medical examinations to be carried out if obligatory, with consequent issue of suitability opinions by the occupational physician **(3)** in the event of termination of the working relationship, enable the competent doctor to issue a copy of the medical record and risk folder to the worker, as well as to send it to ISPESL in the cases envisaged by law.  The form must be completed **by the Senior Manager**, bearing in mind the content of the risk assessment document (DVR) for the structure concerned, in the following cases:   * **(a) start of service** (or **restart of service** on extension of contract) or **transfer** from another structure or **change of duties** (in this last case if and only if the new duties involve new risks) – mark the corresponding box **[Section 1]** * **(b) expected** **return to work**, following an uninterrupted period of absence due to illness of more than 60 days, but only in the case of workers and equivalent whose duties, based on the professional risks identified in the DVR, mean that they are subject to mandatory health monitoring **[Section 1]** * **termination** of the working relationship by workers and equivalent; **[Section 2]**   **Notes**   1. The name indicated in the “Work Area/Research Group” box must be the same as that indicated in the DVR for the Structure, or in the document of the Occupational Physician attached to the Health and Safety Manual of the Structure. 2. The Local Safety Officer will send each research group head the “Individual risks sheet” specific to the Structure, if prepared by the occupational physician. 3. Describe the type of work or research (e.g. office, study, library with/without front office, maintenance, reception, teaching, research/thesis preparation with regular/sporadic/occasional (specify) visits to the laboratory/workshop/surgery/autopsy room/operating theatre, contact with animals (which?), contact with human/animal biological materials, contact with anaesthetic gases (indicate approximate duration – hours per day/week), use of VDUs, field work (off site – specify where and why) |
| ***This sheet, completed IN FULL and signed by the Head of Structure, must be sent to the Occupational Physician - strictly in electronic form - via the Local Safety Officer, if appointed, and also attached as a supplement to Chapter 2 of the Health and Safety Manual.*** |
| ***Failure to provide the information needed to understand the type of work carried out would make targeted health monitoring impossible.*** |