

ANNUALISED SALARY APPLICATION

This form is to be completed by 'Seasonal' or 'Part-Year' staff wishing to have their salary spread over 52 weeks on a pro-rata basis. The form can be completed on-line before printing. However, the form cannot be dispatched electronically as the form must be signed by you and your supervisor. Please forward completed form to Human Resource Services.

1. STAFF MEMBER TO COMPLETE

Staff Number:

Name:

Organisational Unit:

Work Phone:

Dates rostered to work over 12 month period (do not include any periods of leave):

First Date

Last Date

First Date

Last Date

First Date

Last Date

First Date

Last Date

HOURS WORKED PER WEEK

I have read and acknowledge the conditions set out in the current University Enterprise Agreement

Signature:

Date: / /

2. HEAD OF ORGANISATIONAL UNIT RECOMMENDATION

Name:

Signature:

Date: / /

3. HUMAN RESOURCE SERVICES

Annualised salary calculated and documentation provided.

Signature:

Date: / /