

VARIATION OR CHANGE TO EMPLOYMENT FORM



Change or Variation:	DATE:
Details: Reason for Reduced Hours:	
Requests for Flexible Working Arrangements (FWA) should be made in writing. Have details of FWA been retained by Supervisor or attached to this form?	

APPOINTMENT details					
Title:	SURNAME*:	GIVEN / OTHER NAMES*:	Staff Number*:		
Personal Email Address <small>(MANDATORY for Letter Of Offer to be sent):</small>				Gender:	
START date*:		END date*:		POSITION Title*:	
<small>(Start and End Date must match rostered work day)</small>					
COLLEGE/DIVISION*:			Campus*:		
SCHOOL/ORG UNIT*:			Building*:		
Salary loading / allowances:			HEW/Academic Level:		Step:
Employment Status*: Professional Staff Hours of Work*: Supervisor*:			Work function (Academic only): Refer to Academic Work Allocation Policy Mode of Employment: Supervisor Position Title:		
IF PART-TIME – Complete FULL work pattern: <i>(for increased hours, FULL work pattern must include current & additional hours of work)</i> ACADEMIC full time work pattern is based on 37.5 hours/week. PROFESSIONAL/TEACHER full time work pattern is based on 35 hours/week.					
Week 1:		Fri:	Mon:	Tue:	Wed:
Week 2:		Fri:	Mon:	Tue:	Wed:
					Thu Pay Day:
Total Hours per Fortnight:					
SHIFT WORK 7-day Continuous Shift Roster? <i>(5 weeks Annual Leave)</i>			CATEGORY OF FIXED TERM EMPLOYMENT Any Fixed Term contract must comply with the Enterprise Agreement 'Categories of Employment' requirement. Please select: Reason for Category of Fixed Term Employment (Optional):		

FUNDING				
EFFECTIVE DATE*:	COST COLLECTOR / G NUMBER*:	INCLUDES % SPLIT* <small>(Must total 100%)</small>	GRANT END DATE <small>(G Number only)</small>	ESTIMATED COST OF APPOINTMENT (Casual Research only)

If costed to a grant account, is contributory super available (17%)? An online Commitment Calculator is available on the [HRonline Help Page](#)

Description of Duties (for Secondment only)	Additional Notes

FORM PREPARED BY:	
SURNAME*:	GIVEN / OTHER NAMES:
Email*:	Phone number:

APPROVALS	
This form must be electronically completed, signed, saved and emailed to HR Support. Incomplete information may cause delays in appointment processing.	
APPROVAL 1: <i>Supervisor / Grant Holder</i>	
APPROVER'S NAME*:	POSITION TITLE*:
APPROVER'S SIGNATURE*:	DATE:
APPROVAL 2: <i>Please refer to the HR Delegations and/or Talent, Recruitment and Appointment Procedure or appropriate approvals.</i>	
APPROVER'S NAME:	POSITION TITLE:
APPROVER'S SIGNATURE:	DATE:



EMAIL this electronically completed form TO AN APPROVER

EMAIL this electronically completed and signed form to your HR Client Services Advisor