

## ANNUALISED SALARY APPLICATION

This form is to be completed by 'Seasonal' or 'Part-time' 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 Annualised Salary Scheme Guidelines:  
<http://www.newcastle.edu.au/policylibrary/000414.html>

Signature: .....

Date: ..... / ..... / .....

### 2. HEAD OF ORGANISATIONAL UNIT RECOMMENDATION

Name: .....

Signature: .....

Date: ..... / ..... / .....

### 3. HUMAN RESOURCE SERVICES

Annualised salary calculated and documentation provided.

Signature: .....

Date: ..... / ..... / .....