

APPOINTMENT JOB DETAILS FORM



APPOINTMENT TYPE*: **NEW** **EXTENSION** **NEW CONTINGENT*** Please attach justification describing the nature of the employment.

Contract extensions can now be completed in HRonline. For access and online training, please visit the [HRonline Help Page](#).

1. Is this appointment **Contingent**? Please email your HR Client Services Advisor with details describing the nature of employment for advice prior to submitting this appointment form.
2. Is the role based primarily overseas? If yes, prior approval must be sought from the Vice-Chancellor and Chief People and Culture Officer.
3. Is the appointee from a sanctioned country? Refer to the [University's International Sanctions Compliance Policy](#) for further details.
4. Is this position an [entrusted role](#)?
5. Does this position involve face to face contact with children? (for further information see [Working with Children Check](#))
6. Does this role or area of work require a Health and Hazard Assessment Questionnaire (HHAQ) to be completed? (please refer to the [Guideline for further information](#))

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*:	Building*:	Step*:
SCHOOL/ORG UNIT*:	HEW/Academic Level*:		
Salary loading / allowances:	Work function (Academic only): <small>Refer to Academic Work Allocation Policy</small>		
Employment Status*:	Mode of Employment:		
Professional Staff Hours of Work*: <small>Refer to Professional Staff Enterprise Agreement Part 5</small>			
IF PART-TIME – Complete FULL work pattern: <i>(If adjusting/adding days, please complete FULL work pattern.)</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:
Week 2:	Fri:	Mon:	Tue:
Total Hours per Fortnight:			
IF CASUAL , Total Hours per contract period:			
Timesheet Approver Name:		Timesheet Approver Title:	
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):	

Probation Period Required*: **Period of Probation** (period should be 1/3 of contract period): (Refer to the relevant EA)

Supervisor Name*: **Supervisor Position Title*:**

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 <small>(Casual Research only)</small>

An online Commitment Calculator is available on the [HRonline Help Page](#)

Is this appointment research funded teaching relief?

Brief DESCRIPTION OF DUTIES or details of Contingent Appointment*

DOCUMENTATION REQUIRED to process this staff appointment

NEW STAFF MEMBER

Mandatory Documentation to be returned with this form.

[Employment Pack](#)

Photo Identification (Passport, Drivers License, RMS ID card (accompanied by Birth Certificate), Proof of Aboriginality letter)

Proof of Working Rights (Passport, Birth Certificate, Australian Citizenship Certificate, Visa, Proof of Aboriginality letter)

NOTE: New employees are required to complete an Australian Taxation Office [Tax File Number Declaration Form](#). Further information can be found on the [ATO Website](#). Completed forms must be signed, scanned and emailed to taxationforms@newcastle.edu.au.

NOTE: If this role has been identified as an entrusted role, Human Resource Services will conduct additional employment screening.

FORM PREPARED BY:

SURNAME*:

GIVEN / OTHER NAMES:

Email*:

Phone number:

APPROVALS

This form must be **electronically** completed, signed, saved and emailed to your HR Client Services Advisor. Incomplete information or missing documentation may cause delays in appointment processing.

By signing below, you are confirming that your Business Unit has completed or obtained evidence of the following:

A minimum of 2 references have been completed as per the Talent, Recruitment and Appointment Procedure (Exception: Casual or Short Term contracts require a minimum of 1 reference with a former employer);

A current position description or a list of tasks is provided herewith or is already on file, and has been provided to the staff member; A current copy of the staff member's/candidates CV is on file; and

The staff member/candidate has provided evidence of their highest qualification.

APPROVAL 1: *Supervisor / Grant Holder*

APPROVER'S NAME*:

APPROVER'S PHONE No.:

APPROVER'S POSITION TITLE*:

APPROVER'S SIGNATURE*:

DATE:

APPROVAL 2: *Please refer to the HR Delegations and/or Talent, Recruitment and Appointment Procedure for appropriate approvals.*

APPROVER'S NAME:

APPROVER'S PHONE No.:

APPROVER'S POSITION TITLE:

APPROVER'S SIGNATURE:

DATE:

Any personal information collected on this form must be collected, stored and used in accordance with the Privacy and Personal Information Protection Act NSW 1998 and the University's Privacy Management Plan.



**EMAIL this electronically completed form
TO AN APPROVER**

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