

# FIXED TERM APPOINTMENT REQUEST

## PROFESSIONAL AND ACADEMIC



Please complete this form and submit with employment documentation (for new employees) to your [HR Advisor](#).

### Appointment Type

Is this appointment Contingent? Please email your [HR Advisor](#) with details describing the nature of employment for advice prior to submitting this appointment form.

Is the role based primarily overseas? Prior approval must be sought from the Vice-Chancellor and Chief People and Culture Officer.

Is the appointee from a sanctioned country? Refer to the [University's International Sanctions Compliance Policy](#) for further details.

Is this position an [Entrusted Role](#)?

Does this position involve face to face contact with children? (for further information see [Working with Children Check](#))

Does this role or area of work require a [Health and Hazard Questionnaire](#) (HHAQ) to be completed?

Mandatory employment documentation is attached for New Staff Member: [Employment Pack](#)

Given/Other Names	Surname	Staff ID			
Personal Email Address	Position Title				
Start Date	End Date	Probation Period Required	Period of Probation		
Start and End date must match work pattern below		Period should be 1/3 of contract period - Refer to the relevant Enterprise Agreement			
College/Divison	School/Unit				
Campus	Building				
HEW / Academic Level	Step	Loading/Allowance			
Step higher than 1 requires approval via delegation B11					
Status	Mode of Employment	Work Function			
Academic only					
Professional Staff Hours of Work*					
Refer to Professional Staff Enterprise Agreement Part 5					
Category of Fixed Term Employment					
Refer to relevant Enterprise Agreement Clause 3.6. Please select one (1) category and provide further detail for your selection below.					
Provide further details for reason of category (mandatory to complete)					
Work Pattern					
If Part-time: Complete FULL work pattern (if adjusting days, please complete FULL work pattern). If Full-time: Do not complete.					
ACADEMIC full time work pattern is based on 37.5 hours/week, 7.5 hours/day.					
PROFESSIONAL full time work pattern is based on 35 hours/week, 7 hours/day.					
Week 1:	Fri:	Mon:	Tue:	Wed:	Thu:
Week 2:	Fri:	Mon:	Tue:	Wed:	Thu Pay Day:
Total Hours per Fortnight:					
Shift Work - 7 day Continuous Shift Roster?					
5 weeks Annual Leave					
Supervisor Name					
Supervisor Position Title					

**Funding (must equal 100%)**An online Commitment Calculator is available on the [HROnline Help Page](#)

Cost Collector/ Grant Number	Include % split	Effective date	Grant end date	Estimated Cost (Research only)
Cost Collector/ Grant Number	Include % split	Effective date	Grant end date	Estimated Cost (Research only)
Cost Collector/ Grant Number	Include % split	Effective date	Grant end date	Estimated Cost (Research only)

**Position Description attached**PD required when employment is greater than 6 months (this includes extensions of employment), see [Talent, Recruitment and Appointment Procedure](#) and [Position Description Template](#)**Detailed description of duties**

If PD not required

---

**Name of person completing form****Date****Approvals**

This form must be electronically completed, signed, saved and emailed to your HR 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 1 reference have been completed as per the Talent, Recruitment and Appointment Procedure;

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 Position****Approver's Signature****Date****Approver 2** Please refer to the [HR Delegations](#) and/or [Talent, Recruitment and Appointment Procedure](#) for appropriate approvals**Approver's Name****Approver's Position****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 APPROVEREMAIL this electronically completed and signed form  
to your [HR Advisor](#)