

APPOINTMENT JOB DETAILS FORM

Please select one of the following:

- | | | |
|--|---|--|
| <input type="checkbox"/> NEW APPOINTMENT | <input type="checkbox"/> EXTENSION OF EXISTING EMPLOYMENT | <input type="checkbox"/> CONTINGENT EMPLOYMENT |
| <input type="checkbox"/> ONE-OFF PAYMENT | <input type="checkbox"/> COST COLLECTOR CHANGE | <input type="checkbox"/> SECONDMENT |
| <input type="checkbox"/> REDUCED HOURS | <input type="checkbox"/> INCREASED HOURS | |

Will the occupant of the position be required to work with children? Yes No

Is contributory superannuation (17%) available? Yes No (For further information, please see the [Superannuation Guidelines](#).)

Staff Number:	Last Name:	First Name:
Title:	Preferred Name:	Position Title:
Start Date:	End Date:	Probation? Yes <input type="checkbox"/> No <input type="checkbox"/> (if Yes contact HRO)
		Period of Probation:
Supervisors Name:	Supervisors Title:	MFP Supervisor:
Division/Faculty:	Organisational Unit:	Campus & Mail Location
Classification (HEW/AC):	Level/Step:	Salary Loading/Allowances:
DEEWR Work Function: Teaching Only <input type="checkbox"/> Teaching & Research <input type="checkbox"/> Research Only <input type="checkbox"/> Other than Teaching & Research <input type="checkbox"/>		
Cost Collector:	Name of staff member being replaced:	
	%	
Employment Status:	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> (Complete roster below) One Off Payment <input type="checkbox"/> (Complete Section B next page)	Casual <input type="checkbox"/> Total number of hours <input type="text"/> (Hours for Casual only)
Part-time Roster (if applicable): Enter Total Hours Per DAY		
Week 1:	F <input type="text"/> M <input type="text"/> T <input type="text"/> W <input type="text"/> T <input type="text"/>	
Pay Week 2:	F <input type="text"/> M <input type="text"/> T <input type="text"/> W <input type="text"/> T <input type="text"/> (Pay Day)	Total Hours per fortnight are: <input type="text"/>

***SEE OVER PAGE FOR FURTHER REQUIREMENTS AND APPROVALS**

HRS Use only	
Appointment type:	NEW EXT VAR INCR/HRS REDU/HRS COST HDA ALLOW SECOND
Classification:	CAS FIXED ONGOING ONE-OFF
Competitive Recruitment:	YES – Pos. Ad No.# _____ Probation Date: ____/____/____
Working Rights:	ALREADY ENTERED ATTACHED - PLEASE ENTER
DOB Verification:	ALREADY ENTERED PLEASE ENTER YES 100 PT CHK
Job No:	Supervisors Name: _____ Supervisors Pos. Code: _____
Position Code:	PDF Position Code: _____
Superannuation:	<input type="checkbox"/> BASIC <input type="checkbox"/> OPTIONAL <input type="checkbox"/> COMPULSORY <input type="checkbox"/> UNCHANGED
Special Instructions:	
Staff Qualifications	Attached <input type="checkbox"/> Yes <input type="checkbox"/> No

Brief Description of Duties:

Section B (Once only payments)

Academic once only payment	hours @ \$	Date	Total: \$0.00
Honorarium			Total: \$0.00
Examination of Thesis			Total: \$0.00
General once only payment	hours @ \$	Date	Total: \$0.00
Other:			Total: \$0.00

Section C (Funding)

Cost Collector	Include % split	Cost Collector	Include % split
	%		%
	%		%

Please ensure the following documents are attached before sending to Human Resource Services
Please note that this appointment form will not be processed until all necessary documents are received.

New staff member:

- [Personal Details Form](#)
- Proof of Working Rights
- Tax File Number Declaration Form
- Superannuation Booklet (not applicable for casual staff, please see [Superannuation Guidelines](#))
- Resume
- Qualifications
- [Health & Hazard Assessment Questionnaire](#)

Existing Staff member or new position:

- [Personal Details Form](#) (If any details have changed)
- Proof of Working Rights (If not previously supplied)
- Resume & Qualifications (If required for new position)

Who prepared this form? Name (Please print)..... Phone No:.....

APPROVAL- 1 (Supervisor/Grant Holder)

Name (Please print).....

Signature:..... Date.....

APPROVAL- 2 (Please refer to the [HR Delegations](#) for appropriate approvals)

Name (Please print).....

Signature:..... Date.....