

Please refer to the [Employment Variation](#) webpage before completing this form.

Supervisors must submit a fully completed Employment Variation form, with all required approvals, at least two weeks prior to the employee's variation commencement date to ensure accurate pay and conditions are applied from the start of the variation.

EMPLOYEE'S DETAILS

Employee's name: Employee number:

Work unit:

VARIATION DETAILS

Start date: End date:

Relieving appointment:

Relieving position:

Substantive occupant:

Reason for relieving appointment:

Percentage relieving (for part-time employees, ensure percentage is pro-rata):.....%
Position Description must be provided by supervisor.

Variation in hours:

Substantive fraction prior to variation: % Fraction during variation: %

For part-time professional employees, indicate the daily hours to be worked:

Week 1 commencing: Mon..... Tues..... Wed..... Thurs..... Fri.....

Week 2 commencing: Mon..... Tues..... Wed..... Thurs..... Fri.....

Request is for a permanent change in hours.

Secondment:

Seconded position:

Reason for secondment:

Base classification of seconded position (HEW or ACAD):.....
Position Description must be provided by supervisor.

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Additional Responsibilities:

Case for additional responsibilities, including duties to be undertaken:

Percentage of weekly duties: %

PEOPLE AND CULTURE USE ONLY	
Base Classification
HEW/ACAD Classification Level
Additional Responsibilities Allowance % %

Academic Service Role (*Workload adjustment only*):

- Associate Dean (Education)
- Associate Dean (Research)
- Chair of Discipline - Enter area of Discipline:
- Chair of Faculty Board
- Director Higher Degrees Research
- Director Professional Experience
- Academic Integrity Officer

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Role Statement available from People and Culture.

RECOMMENDATION AND APPROVAL

1. Supervisor’s recommendation: Date:

2. Director, People Partnering and Services : Date:

(for all additional responsibilities requests)

3. Cost accountant: Date:

4. Funding check: GL code:

5. Head of Work Unit approval: Date:

6. Releasing Head of Work Unit approval: Date:

(inter-work unit secondments)

7. Executive approval: Date:

(variations greater than 12 months)

EMPLOYEE’S ACKNOWLEDGMENT AND ACCEPTANCE

To be completed after all prior approvals have been received

I accept this variation on the terms specified above. However, I understand should the University wish to discontinue this variation for any reason, I will be provided with at least four weeks written notice that the variation is to conclude, at which time I will revert to my substantive appointment with the University.

Employee’s signature: Date:

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