

This form is to be used for relieving appointments where an allowance is payable.

- ❖ *Where the classification of the relieving position is higher than the employee's substantive classification, the difference between the employee's current salary and **Year 1** of the higher classification will be paid.*
- ❖ *At the conclusion of this variation, the employee will revert to their substantive position, unless further advice is provided.*
- ❖ *Additional responsibilities allowances are **not** claimed on this form. Requests must be discussed with your HR Business Partner.*
- ❖ *A current Position Description or Role Statement must accompany the submission of this form to HR Services.*
- ❖ *Refer to the [Employment Variation](#) webpage for further information.*

EMPLOYEE'S DETAILS

Employee's name: Salary classification and year:

Substantive position: Substantive fraction: %

Work unit:

VARIATION DETAILS

Start date: End date: Fraction during variation: %

Please vary the employment of the abovementioned employee as follows:

 Relieving appointment:

Relieving position:

Substantive occupant:

Supervisor:

Location/duration of leave of the substantive occupant:

.....

Salary classification: Percentage of allowance payable: %

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.....

Work type: Teaching only Research only Teaching and Research Other

- HR SERVICES USE ONLY -

Entered: Date: Checked: Date:

Superannuation fund advised (if necessary):

Funding check

Cost accountant: Date:

GL code:

APPROVALS

Variation approval

Variations of up to and including 12 months (where a single variation or combination of temporary variations results in a maximum of 12 months continuous service)

In approving this variation:

- I grant the abovementioned employee leave from their substantive position so they may undertake this employment;
- I also acknowledge that a copy of this variation has been provided to the employee and they have accepted the temporary change to their employment.

Head of Work Unit: Date:

Variations exceeding 12 months (where a single variation or combination of temporary variations exceeds 12 months)

Recommendation:

I recommend this temporary employment variation and confirm the employee is agreeable to this change in their appointment. I will provide the employee with a copy of the approved variation.

Head of work unit: Date:

Approval:

I approve this temporary employment variation and grant the abovementioned employee leave from their substantive position so they may undertake this employment.

Executive Member:..... Date:.....

EMPLOYEE'S ACKNOWLEDGMENT AND ACCEPTANCE

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:

Privacy notice

Southern Cross University collects, stores and uses personal information for the purposes of administering recruitment and employment. The information collected is confidential and will not be disclosed to third parties without your consent, unless we are required by law. The requested information is required to facilitate your employment; it is not required by law. To access or update your information please contact hr@scu.edu.au. For further information refer to the University's [Privacy Management Plan](#).