

**This form is to be used when an employee's hours of work vary on a temporary basis for:**

- ❖ An increase in hours:
  - ❖ Academic employees: up to a maximum of 12 months; and
  - ❖ Professional employees: where the variation is for a minimum of six months and a maximum of 12 months (if a temporary increase is for less than six months, additional hours are approved and claimed through MyHR).
- ❖ A decrease in hours for up to a maximum of 12 months.
- ❖ At the conclusion of a variation, the employee will revert to their substantive hours, unless a further variation is provided.
- ❖ Refer to the [Employment Variation](#) webpage for further information.

**EMPLOYEE'S DETAILS**

Employee's name: .....

Substantive position: .....

Work unit: ..... Campus/location: .....

Supervisor: .....

**VARIATION DETAILS**

Period of variation: Start date: ..... End date: .....

Notes: *Where hours have increased for a professional employee, the minimum period is six month.  
The maximum period for both professional and academic employees is 12 months.*

Substantive fraction: .....% Variation in hours - fraction to be worked: .....%

Reason for 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 .....

Work type:  Teaching only  Research only  Teaching and Research  Other

- HR SERVICES USE ONLY -			
Entered: .....	Date: .....	Checked: .....	Date: .....
Superannuation fund advised (if necessary): .....		Email to employee (TOIL/Flex):.....	

**Funding check** *(not required for variations resulting in a decrease in fraction)*

GL code: ..... Cost accountant: ..... Date: .....

Comments:

.....  
.....

**APPROVAL**

I approve the above temporary variation in hours. I have provided the employee with a copy of this variation and they have accepted the temporary change to their employment. They have been provided with an amended list of duties required during the period of the variation.

Head of Work Unit: ..... Date: .....

**EMPLOYEE'S ACKNOWLEDGMENT AND ACCEPTANCE**

I accept this variation on the terms specified above.

I understand that I will be responsible to my supervisor (as detailed above) for satisfactory performance of the duties required and my other conditions of employment will remain unaltered.

Employee's signature: ..... Date: .....

[May22]

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