This form is to be used by staff applying for a change in work pattern whilst retaining the current working hours.

Please complete multiple forms if you have more than one change of work pattern request.

### STAFF MEMBER DETAILS (PLEASE USE BLOCK CAPITALS)

Staff ID: __ __ __ __ __ __ School/Branch: ................................................................. Work phone: .........................

Title: ...................... Family name: ................................................................. Given names (in full): .................................................................

### CHANGE OF WORKING PATTERN

Commencement date: .............................................. Effective end date: .................................................................

<table>
<thead>
<tr>
<th>WEEK ONE</th>
<th>Total Hrs</th>
<th>WEEK TWO (PAY WEEK)</th>
<th>Total Hrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mon</td>
<td>Tues</td>
<td>Wed</td>
<td>Thur</td>
</tr>
<tr>
<td>Hrs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mins</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1 full day = 7 hours and 21 minutes (decimal + 7.35 hours)

*The University reserves the right to change the schedule of hours for part-time appointments to suit the requirement of the University.*

### AUTHORISATION

**Staff Member**

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

### AUTHORISATION

**Supervisor**

Name (please print): ..........................................................................................................

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