Workforce Flexibility Handbook

VOLUNTARY FLEXIBLE WORK ARRANGEMENTS APPLICATION FORM: REDUCED/INCREASED EMPLOYMENT FRACTION

Please complete and forward to
Human Resources Branch, Division of Services and Resources

SECTION 1: STAFF MEMBER DETAILS

Staff ID: __ __ __ __ __ School/Branch: ................................................................. Work phone: .................
Title: .............. Family name: ................................ Given names (in full): ................. Position FTE: .................

SECTION 2: FLEXIBLE WORK ARRANGEMENT PROPOSAL FOR A REDUCED EMPLOYMENT FRACTION

Please indicate the reasons for your request for a reduced employment fraction.

Please outline the effect you think this arrangement will have on your Branch/School, your colleagues, your current workload allocation, and how any adverse effects may be able to be addressed. Be prepared to discuss this with your immediate supervisor. Further assistance on completing this section is available on page two of this application form.

SECTION 3: PROPOSED WORK PATTERN

Preferred commencement date: ................. Review date: ................. End date: ................. Part-time FTE: .................

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1 full day = 7 hours and 21 minutes (decimal = 7.35 hours) / 1.0 FTE

SECTION 4: SUPERANNUATION

Do you wish to maintain your member and employer superannuation contribution to the Defined Benefit Division/Accumulation 2 at the current rate? Yes ☐ No ☐

If you tick Yes, please contact the HR Service Centre to discuss your options.

SECTION 5: STAFF MEMBER’S SIGNATURE AND SUPERVISOR’S SUPPORT (please print names)

Staff Member
Signature: .................... Date: ....................

Please retain a copy for your records

Supervisor
 Supported ☐ Not supported ☐
Name: .........................................................
Signature: ........................................... Date: .....................
SECTION 6: AUTHORISATION OF THE FLEXIBLE WORK ARRANGEMENT SOUGHT (please print name)

Delegated Officer's Name
(as per VC&P Delegations of Authority)

Delegated Officer's Position

Delegated Officer's Signature

Date

SECTION 7: OFFICE USE ONLY

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

Email sent to applicant and supervisor (return receipt attached)  Date: .................... Signature: .................................................

FURTHER ASSISTANCE FOR STAFF:

To assist you complete Section 2 and to prepare for a discussion with your immediate supervisor, please give some thought to:

- your responsibilities
- the impact on your work and professional development objectives as outlined in your Planning, Development and Review and how any adverse effects might be addressed
- any potential savings to your work area’s budget as a result of your proposed arrangement, e.g. salary and oncosts, and outline how these savings might offset any costs associated with your proposed flexible work arrangement, e.g. engaging a replacement staff member on a fixed-term basis for the purposes of job sharing
- how you will maintain effective working relationships and communicate with colleagues, your supervisor/manager and other stakeholders
- how you will accommodate attendance at meetings, training or conferences
- a process for addressing urgent deadlines and unforeseen requirements
- how the success of your proposed flexible work arrangement will be measured, e.g. work or professional development objectives outcomes achieved or feedback from colleagues and other stakeholders.

An HR Advisor is available to discuss options for flexible work arrangements with staff and supervisors. Please contact the HR Service Centre in the first instance, extension: 31111 or email: hrservicecentre@adelaide.edu.au