

# SECONDMENT

SECONDMENT RECOMMENDATION FORM

PLEASE COMPLETE AND FORWARD TO:

HUMAN RESOURCES BRANCH  
DIVISION OF SERVICES AND RESOURCES



THE UNIVERSITY  
OF ADELAIDE  
AUSTRALIA

*This form is to be used when recommending professional staff for secondment from one position in the University to another.*

## EMPLOYEE DETAILS (PLEASE USE BLOCK LETTERS)

Employee ID: \_\_\_\_\_ School/Branch (current area): \_\_\_\_\_ Work phone: \_\_\_\_\_

Title: \_\_\_\_\_ Family name: \_\_\_\_\_ Given names (in full): \_\_\_\_\_

## SECONDMENT DETAILS

Area of secondment: \_\_\_\_\_

Period of secondment (not to exceed current fixed-term contract): \_\_\_\_\_

Job title of seconded position: \_\_\_\_\_ Position No: \_\_\_\_\_

Classification of seconded position: \_\_\_\_\_ Salary step: \_\_\_\_\_

Reason for secondment (ie: fill vacant position): \_\_\_\_\_

The position reports to: \_\_\_\_\_ Position No: \_\_\_\_\_

Weekly hours of duty:  Full-time  Part-time: \_\_\_\_\_ hours per week, indicated below:

	WEEK ONE					TOTAL HOURS	WEEK TWO (PAY WEEK)					TOTAL HOURS
	Mon	Tues	Wed	Thur	Fri		Mon	Tues	Wed	Thur	Fri	
Hrs												
Mins												

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

Account code \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

At the completion of the secondment the applicant will return to the position of: \_\_\_\_\_  
in the School/Branch \_\_\_\_\_ or other position (please specify) \_\_\_\_\_

## AUTHORISATION (ALL SIGNATURES ARE REQUIRED)

I agree to the secondment

Employee's signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please retain a copy for your own records*

**Current - Head of School/Branch Manager**

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Seconded - Head of School/Branch Manager**

The new duty statement is attached

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Executive Manager signature only required if the secondment is across a faculty or division**

**Current - Executive Manager**

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Seconded - Executive Manager**

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## OFFICE USE ONLY

Secondment position no: \_\_\_\_\_