

## SECONDMENT RECOMMENDATION FORM

**PLEASE COMPLETE AND EMAIL TO: Human Resources Branch, Division of Services and Resources**

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

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

Staff ID: \_\_\_\_\_ School/Branch: ..... Work phone: .....

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

### SECONDMENT DETAILS

Faculty/School/Branch of Secondment: .....

Period of secondment (not to exceed current fixed-term contract) Start date: ..... End date: .....

Job title of seconded position: ..... Position No: .....

Classification of seconded position: ..... Salary step: .....

*If any loadings apply, please provide details and approvals separately.*

Reason for secondment (e.g.: fill a vacant position): .....

Has this position been advertised  Yes  No

*(If No, please ensure that a classified and approved Position Description/ Role Statement has been provided to the Staff Member)*

Is this a partial secondment i.e. will the staff member be working in more than one position?  Yes  No

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 | Thurs | Fri |             | Mon                 | Tues | Wed | Thurs | Fri |             |
| <i>Hrs</i>  |          |      |     |       |     |             |                     |      |     |       |     |             |
| <i>Mins</i> |          |      |     |       |     |             |                     |      |     |       |     |             |

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)*

**Staff member**

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

Please retain a copy for your own records

### AUTHORISATION

| Current - Supervisor               | Secondment - Supervisor            |
|------------------------------------|------------------------------------|
| Name <i>(please print)</i> : ..... | Name <i>(please print)</i> : ..... |
| Signature: .....                   | Signature: .....                   |
| Date: .....                        | Date: .....                        |