

BROADBANDING REQUEST FORM

This form is to be used by a supervisor when preparing a recommendation to broadband a currently filled professional staff position. This form must be accompanied by any relevant supporting documentation as indicated.

Complete and forward a scanned copy of the form and attachments to the [Human Resources Service Centre](#) for processing.

STAFF MEMBER DETAILS
Staff ID:..... School/Branch: Work phone:..... Title: Family name:..... Given names (in full):
POSITION DETAILS
Position Title: Position Number:
CLASSIFICATION
Recommend Broadbanding across the classification Levels: HEOand HEO..... Current Classification Level/Incremental HEO LevelStep Funding for Broadbanding is available in the existing budget: <input type="checkbox"/> Yes <input type="checkbox"/> No Documents attached: <input type="checkbox"/> Two position descriptions (one for each classification level) in line with the Professional Classification Standards (EA Schedule 7). <input type="checkbox"/> Supporting documentation for justification for broadbanding
POSITION DESCRIPTION REVIEW
New position has been classified by HR Advisor: <input type="checkbox"/> Yes <input type="checkbox"/> No
RECOMMENDATION
<p>Supervisor (To recommend approval of the application)</p> Name (please print): Signature: Date:
<p>Head of School/Branch Head (For support of application & recommend approval)</p> Name (please print):..... Signature: Date: Recommended <input type="checkbox"/> Not Recommended <input type="checkbox"/> If not recommended state reason.....
AUTHORISATION
<p>Executive Dean/Corporate Manager/Divisional Head/Pro Vice-Chancellor</p> <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Not approved If not approved state reason Name: Signature:..... Date:.....