## Casual Conversion Application Form - Professional



## PLEASE COMPLETE AND FORWARD TO:

HR Service Centre, Division of University Operations

Email: hrservicecentre@adelaide.edu.au

This form is to be used by a casual staff member (who is employed as a professional staff member) to apply for conversion to continuing/fixed term employment.

As a professional staff member, you are entitled to apply for a conversion to continuing/ fixed-term employment under the National Employment Standards or under the University of Adelaide Enterprise Agreement. Additionally, you can opt to apply through both the National Employment Standards and the University of Adelaide Enterprise Agreement.

STAFF MEM	BER DETAILS (Please use block capita	als)
Staff ID:	School/Branch:	Phone:
Title:	Family Name:	Given Names (in full):
NATIONAL E	MPLOYMENT STANDARDS	
I hereby apply confirm that:	for conversion of my casual status to co	ontinuing under the National Employment Standards. I can
☐ I have	e been employed by the University for at	least 12 months; AND
□ over t	the past six months I have worked a regu	ular pattern of hours on an ongoing basis; AND
☐ I coul	d continue the regular pattern of hours a	s a full-time or part-time staff member without significant
adjus	tment; <b>AND</b>	
☐ within	ı the last six months I have not made a p	revious application for casual conversion, refused an offer
	nversion from the University or been noti justify not offering to convert my role.	ified by the University that there are reasonable grounds
ENTERPRISE	AGREEMENT	
the Enterprise	of for conversion of my casual status to co Agreement. I can confirm that I have we entically classified position in the same S	ontinuing/fixed-term employment under Clause 3.11.4 of orked on a regular and systematic basis in the same or a ochool/Branch:
☐ your l	nours of work must have equaled at leas	t 0.5 FTE of the ordinary weekly hours worked by a full-
time e	equivalent staff member over the precedi	ng 12 months.
OR		
□ over t	the immediately preceding period of at le	ast 24 months.
DECLARATIO	N	
I understand i		d, I will not be entitled to apply again within 12 months
Should my ap purpose of ca	plication be successful, I understand that lculating any other existing entitlements of	t I will not have my casual service count as service for the except for:
(a) long s	ervice leave; and	
(b) any ap	pplicable unpaid maternity/adoption/pater	nity leave

Signature:		Date: Click to enter date				
Attach supporting documentation, e.g. Capplication and retain a copy of the application	ttach supporting documentation, e.g. Copies of your Casual Employment Forms (CEG) to support your oplication and retain a copy of the application.					
AUTHORISATION (All signatures are	required)					
relevant Selection Criteria/Role Statemed  ☐ I do not support the above application Standards on the basis that there are recommended in the position will cease to exist in the hours of work which are required there will be significant change in months which cannot be accommoditionally accommended.	on for conversion to continuing under the <b>Na</b> easonable grounds to refuse the request wh	tional Employment ich include the following:  12 months; erformed in the next 12				
months which cannot be accommod this period.	n the times at which work is required to be po ated within the times that the staff member is ally with a recruitment or selection process re- critory.	s available to work during				
☐ the staff members hours did not e	on for conversion to continuing/fixed term un at there are reasonable grounds to refuse the equal at least 0.5FTE over the preceding 12	e request which are: months.				
irrelevant to their engagement and the the staff member is a genuine re the staff member is performing we casual staff member, within 26 week the staff member has a primary of as a self-employed person.	tiree. /ork which will either cease to be required or	will be performed by a non-				
the work is ad-hoc, intermittent, unpredictable or involves hours that are irregular.  Ensure the applicant is provided with a copy of this form and the justification for rejection of the application. This form, including the justification should be forwarded to the HR Service Centre ( <a href="https://hrservicecentre@adelaide.edu.au">hrservicecentre@adelaide.edu.au</a> ) via the Executive Dean/Director.						
Name: (please print)	Signature:	Date: Click to enter date				
AUTHORISATION (All signatures are	required)					
Head of School/Branch Manager/ Area Manager						
☐ I approve	_	not approve				
Name: (please print)	Signature:	Date: Click to enter date				

Workforce Management Handbook	Casual Conversion Application Form - Professional	Effective Date:	August 2023	Version 2
Authorised by	Director, HR Services	Review Date:	August 2026	