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| **RECOGNITION OF PRIOR SERVICE APPLICATION FORM** |

**PLEASE COMPLETE AND** **EMAIL** **TO: Human Resources, Division of University Operations**

This form is to be used by a staff member to request and give authorisation to obtain prior service details. Please see clause 4.11 Long Service Leave of the [University of Adelaide Enterprise Agreement](http://www.adelaide.edu.au/hr/handbook/enterprise-agreement/).

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| **STAFF MEMBER DETAILS (PLEASE USE BLOCK CAPITALS)** |
| Staff ID: \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ School/Branch: Work phone: Title: Family name: Given names (in full):  |

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| **PREVIOUS EMPLOYER DETAILS** |
| Name of previous employer: Address details: City: State: Postcode: Contact name: Contact number:  |

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| **DATES OF PREVIOUS EMPLOYMENT** |
| List periods of service with previous employer    |

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| **AUTHORISATION (SIGNATURE REQUIRED)** |
| **Staff Member**I authorise the University of Adelaide to obtain all relevant information from my previous employer to enable the University to ascertain eligibility for recognition of prior service.**Name** *(please print):* **Signature:** **Date:**  |