

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 <u>University of Adelaide Enterprise Agreement</u>.

STAFF MEMBER DETAILS (PLEASE USE BLOCK CAPITALS)				
Staff ID: School/Branch:		. Work phone:		
Title:Family name:	Given names (in full):			
PREVIOUS EMPLOYER DETAILS				
Name of previous employer:				
Address details:				
City:	State:	Postcode:		
Contact name:				
Contact number:				
DATES OF PREVIOUS EMPLOYMENT				
List periods of service with previous employer				
AUTHORISATION (SIGNATURE REQUIRED)				
Staff Member				
I authorise the University of Adelaide to obtain all relevant info ascertain eligibility for recognition of prior service.	rmation from my previous employer to ena	able the University to		
Name (please print):				
Signature:	С	Date:		

Enterprise Agreement	Recognition of Prior Service Application Form	Effective Date:	17 December 2020	Version 1.0	
Authorised by	Director (HR Shared Services)	Review Date:	17 December 2023	Page 1 of 1	
Warning	This process is uncontrolled when printed. The current version of this document is available on the HR Website.				