

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](#).

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

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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:**