|  |
| --- |
| **SECONDMENT RECOMMENDATION FORM** |

**PLEASE COMPLETE AND** **EMAIL** **TO: Human Resources Branch, Division of University Operations –** hroperations@adelaide.edu.au

This form is to be used when recommending staff for secondment from one position in the University to another. A classified and approved Position Description / Role Statement and a copy of this form must be provided to the Staff Member.

|  |
| --- |
| **STAFF MEMBER DETAILS (PLEASE USE BLOCK CAPITALS)** |
| **Staff ID:** |  | **School/Branch:** |  | **Work phone:** |  |
| **Title:** |  | **Family name:** |  | **Given names:** |  |
| **SECONDMENT DETAILS** |
| **Please provide the eForm ID of the recruitment and appointment justification form which relates to this request** | **eForm ID** |  |
| **Faculty/School/Branch of secondment:** |  |
| **Period of secondment** (not to exceed current fixed-term contract)**:** | **Start date:** |  | **End date:** |  |
| **Position title of seconded position:** |  |
| **Position number:** |  |
| **Classification of seconded position:***If any loadings apply, please provide details and approvals separately.* |  | **Salary step:** |  |
| **Reason for secondment** (e.g. to fill a vacant position)**:** |  |
| **Has this position been advertised**?  | [ ]   **Yes** | **Page Up Requisition No:** |  | [ ]   **No**  |
| **Is this a partial secondment** (i.e. will the staff member be working in more than one position)**?** | [ ]   **Yes** | [ ]   **No** |
| **Does this seconded position require a working with children check** (i.e. prescribed position)**?** | [ ]   **Yes** | [ ]   **No** |
| **If prescribed position please provide working with children check Unique ID / Reference Number:** |  |
| **The position reports to:** |  |
| **Position number:** |  |
| **Weekly hours of duty:** | [ ]  Full-time | [ ]  Part-time |
|  | **WEEK ONE** | **TOTAL** | **WEEK TWO (PAY WEEK)** | **TOTAL** |
|  | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **HOURS** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **HOURS** |
| ***Hrs*** ***Mins*** |  |  |  |  |  |  |  |  |  |  |  |  |
| *1 full day = 7 hours and 21 minutes (decimal = 7.35 hours)* |
| **GL Account Code:** | *Account* |  | *Fund* |  | *GL Dept* |  | *Campus* |  | *Project* |  |
| **At the completion of the secondment the applicant will return to the position of:** |  |
| **in the School / Branch:** |  | **or other position** *(please specify*)**:**  |  |
| **STAFF MEMBER** |
| **Signature:** |  | **Date:** |  |
| **SUPPORTED BY SUPERVISORS** |
| **Current Supervisor** (print name) |  | **Secondment Supervisor (**print name)**:** |  |
| **Signature:** |  | **Date:** |  | **Signature:** |  | **Date:** |  |
| **ENDORSEMENT** |
| **Head of School / Branch Head** (of secondment position) |
| **Name** (please print)**:** |  |
| **Signature:** |  | **Date:** |  |