

SECONDMENT RECOMMENDATION FORM

PLEASE COMPLETE AND [EMAIL TO: Human Resources Branch, Division of University Operations – hroperations@adelaide.edu.au](mailto: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															
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: <i>If any loadings apply, please provide details and approvals separately.</i>										Salary step:					
Reason for secondment (e.g. to fill a vacant position):															
Has this position been advertised?				<input type="checkbox"/> Yes	Page Up Requisition No:				<input type="checkbox"/> No (see below)						
Is this a partial secondment (i.e. will the staff member be working in more than one position)?				<input type="checkbox"/> Yes			<input type="checkbox"/> No								
Does this seconded position require a working with children check (i.e. prescribed position)?				<input type="checkbox"/> Yes			<input type="checkbox"/> No								
If prescribed position please provide working with children check Unique ID / Reference Number:															
The position reports to:															
Position number:															
Weekly hours of duty:				<input type="checkbox"/> Full-time			<input type="checkbox"/> Part-time								
		WEEK ONE					TOTAL HOURS		WEEK TWO (PAY WEEK)					TOTAL HOURS	
		Mon	Tues	Wed	Thurs	Fri			Mon	Tues	Wed	Thurs	Fri		
Hrs															
Mins															
<i>1 full day = 7 hours and 21 minutes (decimal = 7.35 hours)</i>															
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							APPROVAL (academic secondments only)								
Head of School / Branch Head (of secondment position)							Executive Dean								
Name (please print):							Name (please print):								
Signature:				Date:			Signature:				Date:				
ADDITIONAL APPROVAL															
VC (Academic Staff) or COO (Professional Staff)															
Name (please print):															
Signature:							Date:								
Please email to vice-chancellor@adelaide.edu.au with appropriate justification for academic secondment .							VCO or COO Office, please forward the completed form and attached relevant justification to hroperations@adelaide.edu.au								
Please email to coo@adelaide.edu.au with appropriate justification for professional secondment .															