

SECONDMENT RECOMMENDATION FORM

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

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 (in full): _____												
SECONDMENT DETAILS												
Faculty/School/Branch of Secondment: _____												
Period of secondment (not to exceed current fixed-term contract) Start date: _____ End date: _____												
Job title of seconded position: _____ Position No: _____												
Classification of seconded position: _____ Salary step: _____												
<i>If any loadings apply, please provide details and approvals separately.</i>												
Reason for secondment (e.g.: fill a vacant position): _____												
Has this position been advertised <input type="checkbox"/> Yes Page Up Requisition No: _____ <input type="checkbox"/> No												
(if No, ALL professional staff secondments require approvals by the Chief Financial Officer and Chief Operating Officer)												
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 No: _____												
Weekly hours of duty: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time: _____ hours per week, indicated below:												
	WEEK ONE					TOTAL	WEEK TWO (PAY WEEK)					TOTAL
	Mon	Tues	Wed	Thurs	Fri	HOURS	Mon	Tues	Wed	Thurs	Fri	HOURS
<i>Hrs</i>												
<i>Mins</i>												
<i>1 full day = 7 hours and 21 minutes (decimal = 7.35 hours)</i>												
Account code _____ / _____ / _____ / _____ / _____ / _____												
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						Secondment - Supervisor						
Name (please print): _____						Name (please print): _____						
Signature: _____ Date: _____						Signature: _____ Date: _____						
ENDORSEMENT						CERTIFICATION						
Head of School/Branch Head (of secondment position)						Please note:						
Name (please print): _____						Secondments into externally funded positions do not require certification. Finance Manager Certification is only required for discretionary funded positions.						
Signature: _____ Date: _____												
Finance Manager Certification (of seconded position)												
Name (please print): _____ Signature: _____ Date: _____												
Select one:												
<input type="checkbox"/> "I certify that the secondment position is funded in the approved Salary Planning Model for 2021 and funds are available in the budget to support this secondment". Please forward this form to HR for processing												
<input type="checkbox"/> "I certify that the secondment position is discretionary funded and not in the approved Salary Planning Model for 2021". I can confirm that funds will be made available to support this secondment.												