

SECONDMENT RECOMMENDATION FORM

PLEASE COMPLETE AND [EMAIL](mailto:hroperations@adelaide.edu.au) 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: <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																																				
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																																					
<div style="display: flex; justify-content: space-between;"> <div> WEEK ONE <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>Mon</th> <th>Tues</th> <th>Wed</th> <th>Thurs</th> <th>Fri</th> </tr> </thead> <tbody> <tr> <td>Hrs</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Mins</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> </div> <div> TOTAL HOURS </div> <div> WEEK TWO (PAY WEEK) <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>Mon</th> <th>Tues</th> <th>Wed</th> <th>Thurs</th> <th>Fri</th> </tr> </thead> <tbody> <tr> <td>Hrs</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Mins</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> </div> <div> TOTAL HOURS </div> </div>							Mon	Tues	Wed	Thurs	Fri	Hrs						Mins							Mon	Tues	Wed	Thurs	Fri	Hrs						Mins					
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Mins																																									
	Mon	Tues	Wed	Thurs	Fri																																				
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:																																							