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| **ACTING APPOINTMENT REQUEST FORM** |

**Complete and forward a scanned copy of the form and attachments to the** Human Resources Service Centre **for processing**

This form should not replace Higher Duties or Secondment arrangements.

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| **STAFF MEMBER DETAILS** |
| Staff ID: \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ School/Branch: Work phone: Title: Family name: Given names (in full):  |

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|  **ACTING APPOINTMENT DETAILS** |
| Position title: Position No (if known): Name of current incumbent (or previous if applicable): Period of acting appointment: Start: End date:  |
| Reason for acting appointment *(ie: fill a vacant position):* *…………………………………………………………………………………………………………………………………………………………..* *Attach Key Performance Indicator’s (KPI’s) (if relevant)*  |

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| **RESPONSIBILITY LOADING (if applicable)** |
| **Loading amount:** $ \**(please provide the full-time equivalent per annum amount. This will be pro-rated for part-time staff)*\*The loading will be expressed as a fixed dollar amount that does not increase with salary increments or with pay increases to the base salary. |

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|  **RECOMMENDATION** |
| **Head of School/Branch Head***(To recommend approval of the Acting Appointment)*Name: ............................................................Signature: ....................................................................Date:  |

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|  **STAFF MEMBER’S DECLARATION** |
| I, accept the Acting Appointment as described above. I agree that all other terms and conditions of my employment remain unchanged.**Signature:** **Date:**  *Please retain a copy for your own records* |

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| **FINANCIAL CONSIDERATION** |
| **Faculty/School/Branch (Finance Manager):**This loading can be funded from existing budget: **Yes** **No** If No, where will the budget come from? ............................Name:................................................................. Signature**:**............................................................... Date: ...................... |

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| **AUTHORISATION**  |
| **Executive Dean/Divisional Head** (For approval) **Approved:**  **Not approved:** Name:............................................................................. Signature**:**............................................................... Date: ......................\*Approval is required from the Vice-Chancellor and President (academic staff) or the Chief Operating Officer (professional staff) for loadings of more than 25% of the staff member’s salary. [Loadings, Allowances and Performance Bonus Procedure](https://www.adelaide.edu.au/policies/3543/?dsn=policy.document;field=data;id=6143;m=view) (for details). On receipt of this form, the HR Branch, will seek approval from the Vice-Chancellor and President or Chief Operating Officer (as appropriate) |