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| **BROADBANDING PROGRESSION RECOMMENDATION APPLICATION FORM**  |

This form is to be used by a supervisor when recommending the progression of a staff member in a

broadbanded position to the higher HEO level.

**Complete and forward the form and attachments to the** hrservicecentre@adelaide.edu.au **for processing.**

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

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| **POSITION DETAILS (Completion by supervisor)** |
| Position Title: ....................................................................................... Position Number: ................................ Broadbanded HEO Levels: Current HEO Level:……………Step: ………………  |

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| **RECOMMENDATION** |
| **Supervisor**Recommended progression to higher level/step: HEO Level: ............ Step: ............Recommended progression to commence on following date: .........../........./...........Supported by the following: (please attach) [ ]  Position descriptions for the broadbanded position[ ]  The staff member has demonstrated performance which meets the Planning Development and Review work objectives to progress to the higher HEO level (please attach).Name: .............................................................Signature: .............................................................Date: ........................... |
| **Head of School/Branch** (For support of recommendation)Name: .............................................................. Signature: ............................................................Date: ……....................[ ]  **Recommended** [ ]  **Not Recommended**If not recommended state reason …………………………………………………………………………………………………............................................................................................................................................................................................. |

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| **AUTHORISATION** |
| **Executive Dean/Corporate Manager/Divisional Head/Pro Vice-Chancellor**[ ]  **Approved** [ ]  **Not approved** If not approved state reason …………………………………………………………………………….……………………….. …....................................................................................................................................................................................Name:.....................................................................Signature **:**................................................. Date:……………………… |