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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](mailto:HR%20Service%20Centre%20%3chrservicecentre@adelaide.edu.au%3e) **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:……………………… |