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| **BROADBANDING REQUEST FORM** |

This form is to be used by a supervisor when preparing a recommendation to broadband a currently filled professional staff position. This form must be accompanied by the relevant supporting documentation as indicated.

**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):  |
| **POSITION DETAILS** |
| Position Title: ....................................................................................... Position Number: .......................  |
| **CLASSIFICATION** |
| Recommend Broadbanding across the classification Levels: HEO .......and HEO......Current Classification Level/Increment HEO Level ………. Step .........Funding for broadbanding is available in the existing budget: [ ]  Yes [ ]  No Documents attached: [ ]  Two position descriptions (one for each classification level) in line with the Professional Classification Standards (EA Schedule 7).[ ]  Supporting documentation for justification for broadbanding |
| **POSITION DESCRIPTION REVIEW** |
| New position has been classified by HR Advisor: [ ]  Yes [ ]  No |
| **RECOMMENDATION** |
| **Supervisor** (To recommend approval of the application)Name: ............................................................Signature: .....................................................Date:  |
| **Head of School/Branch Head** (For support of application & recommend approval)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: ………………… |