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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](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): |
| **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: ………………… |