

SECONDMENT FORM

This form is used to:
 • Establish a secondment arrangement
 • Vary a secondment arrangement

Refer to the Secondment Guidelines for information about secondments.

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|--------------------------|--|
| Employee Details: | |
| Family Name | |
| Other Names | |
| Staff Number | |

| | | | |
|-------------------------------------|--------------------------------|-----------------|-----------------------|
| Secondment FROM (Home Unit): | | | |
| Faculty/Office | | | |
| External Organisation | | | |
| Position Title | | Position Number | |
| Approval | Signed by: _____ | | Date: ___ / ___ / ___ |
| | Executive Dean/HOD or delegate | | |

| | | | | | |
|-----------------------------------|--|------------------------------|-----------------------|-----------------|-------------------------|
| Secondment TO (Host Unit): | | | | | |
| Faculty/Office | | | | | |
| External Organisation | | | | | |
| Position Title | | Position Number | | | |
| Reporting To Title | | Reporting to Position Number | | | |
| Secondment Period | From | ___ / ___ / ___ | To | ___ / ___ / ___ | Hours per week _____ |
| Salary | Level: _____ Step: _____ * Please attach justification from Exec Dean, Head of Office, or their delegate if the Level and Step is above what the incumbent is currently on. | | | | |
| Account Code | | | | | |
| Approval | Signed by: _____ | | Date: ___ / ___ / ___ | | |
| | Executive Dean/HOD or delegate | | | | |

Attach the following documents:

- 4.09a Position Description for Professional Staff
- Proposed accountabilities for Academic Staff
- Contract with external organisation (if applicable)

Submit this form and documentation to your Staffing Advisor, Human Resources.

If you have any problems filling in this form, please contact Human Resources on 9850 1036.