

PROFESSIONAL AND ACADEMIC STAFF FRACTION/ROSTER VARIATION FORM

To renew a contract please use the academic staff appointment form or professional staff appointment form. This form is for changes to fractions and/or rosters only.

Current Occupant:

Family Name: _____ Other Names: _____

Employee Number: _____ Job No: _____

Department/ Office: _____ Budget Unit: _____

Position Title: _____ Position Number: _____

Variation to Fraction for the period: from ___/___/___ **to** ___/___/___

New roster for Variation to Fraction (enter hours for each day)

THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED

Total hours per week: _____ Fraction (as a percentage): _____

Please tick one of the following:

Fraction Decrease: A written request from the staff member to decrease the hours is attached.

Fraction Increase: I agree to my fraction being increased: _____
Signature of staff member

Roster Change only: I agree to the change in my roster: _____
Signature of staff member

Account Details:

Account Name: _____ Account code: _ _ _ _ _ %

Account Name: _____ Account code: _ _ _ _ _ %

I hereby APPROVE and certify that this appointment is in accordance with the Enterprise Agreement.

Head of Department/Office (Name) (Signature) _____ /___/___
(Date)