

SECONDMENT FORM

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

Refer to the Secondment Guidelines for information about secondments.

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			
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.