

HR9 CHANGE OF HOURS REQUEST



THE UNIVERSITY OF
NEW SOUTH WALES

TO: HUMAN RESOURCES
COPY TO: SUPERANNUATION

Personal Details									
Name:									
School/Dept:									
Current Position Title:						Current Level:			
Employee ID:							Employee Record No:		

For General Staff										
Effective Date:						End Date: (If not continuing)				
Full-time to Part-time	<input type="checkbox"/>	Part-time to Full-time	<input type="checkbox"/>	Change part-time profile	<input type="checkbox"/>					
Fri	Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Total/fortnight
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Academic Staff									
Effective Date:						End Date: (If not continuing)			
Part-time to Full-time	<input type="checkbox"/>	100%	Full-time to Fractional	<input type="checkbox"/>% Fractional				

Other Instructions									

Staff Member acknowledgement	
I understand and accept the above variations to my employment conditions.	
_____	_____/_____/_____
signature	date
_____	_____
print name	extension

Approvals	
_____	_____/_____/_____
HOS or equivalent	date
_____	_____
print name	extension
_____	_____/_____/_____
Dean or equivalent	date