



**HR09**

**CHANGE OF HOURS REQUEST**

**TO: HUMAN RESOURCES  
COPY TO: SUPERANNUATION**

(HR.V1.0 - 7.05.18)

| Personal Details        |  |  |  |  |  |                |                     |  |  |  |  |
|-------------------------|--|--|--|--|--|----------------|---------------------|--|--|--|--|
| Name:                   |  |  |  |  |  |                |                     |  |  |  |  |
| School/Dept:            |  |  |  |  |  |                |                     |  |  |  |  |
| Current Position Title: |  |  |  |  |  | Current Level: |                     |  |  |  |  |
| Position Number         |  |  |  |  |  | Current Step:  |                     |  |  |  |  |
| Employee ID:            |  |  |  |  |  |                | Employee Record No: |  |  |  |  |

| For Professional 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                |                    |
|--------------------------|--------------------|
|                          |                    |
| _____ /_____/_____       | _____ /_____/_____ |
| <b>HOS or equivalent</b> | date               |
| _____                    | _____              |
| print name               | extension          |