

This form is only to be used for Professional Staff who are currently in broadbanded positions. For further information contact your [Human Resources Consultant](#).

**A. Details**

|                     |                  |               |
|---------------------|------------------|---------------|
| Employee's Name:    | Staff ID Number: |               |
| Broadbanded Levels: | Current Level:   | Current Step: |
|                     | New Level:       | New Step:     |
| Position Title:     | Position Number: |               |

**B. Progression Approval**

Recommendation to progress to higher broadbanded level to take effect from: \_\_\_\_\_  
*(Specify Effective Date)*

**Recommended by:**

HoS/Supervisor's Signature: \_\_\_\_\_ Date \_\_\_\_\_

HoS/Supervisor's Name: \_\_\_\_\_

**Approved by:**

Dean/Divisional Head's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Dean/Divisional Head's Name: \_\_\_\_\_

**Employee's Declaration:**

I have read and understand the above decision and accept the subsequent variation to my contract of employment.

Employee's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Salaries Use Only:**