



HR63A

Additional Academic Activity Form

(HR.V1.0 - 7.05.18)

This form is to be completed for current UNSW Academic Staff that are to be paid for above load or additional activities.

Once complete please forward the form to Salaries for the appropriate appointment record number to be actioned. The payments are to be entered on-line via myUNSW by the Administrator. (If training is required please contact salaries@unsw.edu.au to arrange).

Employment commences	____/____/____
Personal details	Employee No: _____
Family Name: _____ Given Name: _____	
Home Address: _____ Postcode: _____	
Male <input type="checkbox"/> Female <input type="checkbox"/> Date of Birth: _____	

EMPLOYMENT DECLARATION AND AUTHORITY

Declaration by employee

- I accept this offer of employment.
- This employment does not contravene visa restrictions about paid employment in Australia that apply to me.
- I have disclosed all other academic employment that I currently hold at UNSW.
- I certify that by undertaking this employment I do not exceed the 37.5 hours of casual academic work (including associated working time) in any one week.
- If at any time during my employment I owe any monies to the University, I agree that the University may: withhold any monies owing by the University to me until I have repaid the monies owing or deduct any such monies owing to the University by me.
- I am aware of the Fair Work Statement (at: <http://www.fairwork.gov.au/FWISdocs/Fair-Work-Information-Statement.pdf>)
- Signature: _____ Date: _____

Declaration by Head of School

School of _____

In authorising this appointment I am satisfied that:

- In taking up the position the employee will not breach 'the Enterprise Agreement'.
- This appointment will not breach the UNSW Code of Conduct, particularly with regard to conflicts of interest due to significant relationships.
- Funds are available from the chartfield provided and I authorise payment for the specified work.

****Note: this form is not to be used for Change of Funds.**

PROJECT	ACCT	FUND	DEPT

Please note – the full chartfield must be completed.

_____	_____	_____
Name of Head of School	Signature	Date

For Payroll Tax Purposes please indicate in which State this work will be carried out.

STATE: _____

Name of Supervisor/Contact

Name of immediate Supervisor: _____ Employee no: _____

Position: _____ Contact number: _____

Signature _____ Date: _____