BROADBANDING PROGRESSION FORM

This form is only to be used for Professional Staff staff currently in broadbanded positions. For further information contact your Human Resources Consultant: www.hr.unsw.edu.au

A. Details

Employee’s Name: ___________________________ Staff Number: ___________________________

Broadbanded Levels: ___________________________ Current Level/Step: __________ / __________

New Level/Step: __________ / __________

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: ___________________________ 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: