

| | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----------|--|--|--|--|--|--|--|--|
| Address: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | Postcode: | | | | | | | | |

| | | | | | | | | | | |
|-------------------------------|---------------------------------|-----------------------|--|--|--|--|--|--|--|--|
| Male <input type="checkbox"/> | Female <input type="checkbox"/> | Date of Birth: | | | | | | | | (compulsory for Superannuation purposes) |
|-------------------------------|---------------------------------|-----------------------|--|--|--|--|--|--|--|--|

| | |
|-----------------|--------|
| Contact Number: | Email: |
|-----------------|--------|

| | |
|--------------------------|---------|
| Emergency Contact: Name: | Number: |
|--------------------------|---------|

Are you an Australian Indigenous person? If so please indicate one of the following:
 Aboriginal descent Torres Strait Islander descent Aboriginal & Torres Strait Islander descent

PART D: POSITION DETAILS

| | | |
|---|--|--------------|
| Employment to Commence: ____/____/____ | For Payroll Tax purposes please indicate in which State this work will be carried out. | STATE _____. |
|---|--|--------------|

| LEVEL/STEP | RATE PER HOUR | ANTICIPATED NUMBER OF HOURS PER ENGAGEMENT* |
|------------|---------------|---|
| | | |

* i.e. number of hours: it is expected that the casual employee will be required to work on each occasion they are called in for duty

| PROJECT | ACCT | FUND | DEPT |
|---------|------|------|------|
| | | | |

Please note: the full chart field must be completed above.

JOB DESCRIPTION: Student Asst Research Asst Clerk Other (please specify) _____

| | |
|---|---|
| ESTABLISH ENCUMBRANCE FOR CASUAL - Yes <input type="checkbox"/> No <input type="checkbox"/> | TOTAL AMOUNT (Including on costs current year):\$ |
|---|---|

| | |
|-----------|-------------------------|
| Job Code: | (FOR SALARIES USE ONLY) |
|-----------|-------------------------|

Financial Institution Details for Deposit of Pay

Institution Name: _____ Branch Location: _____

| | | |
|--------------------|---|-----------------|
| Branch (BSB) Code: | - | Account number: |
|--------------------|---|-----------------|

Name(s) in which account is held: _____ MAX (9 DIGITS)

Further Information:

Pay Claims: Instructions on how to enter claims on-line can be found here:
http://www.hr.unsw.edu.au/services/salaries/Casual_Pay_Claims_brochure.pdf

Pay advices: Pay advices are available to print or view online at <https://my.unsw.edu.au> **Login ID:** (ex: staff s1234567 or student z1234567) **UniPass:** (if you do not have a UniPass ring 9385 1333).

Workplace Surveillance:
 Under the *Workplace Surveillance Act 2005* the University is required to notify employees of the following matters.

Camera Surveillance
 The University operates security cameras for the purpose of ensuring the safety and security of staff, students, visitors and the University's premises and facilities. Notices that the University's campuses are monitored by cameras are normally located at each of the entrances to the University's campuses or to selected buildings. Cameras are clearly visible and not disguised or secreted. Camera surveillance occurs on a continuous and ongoing basis.

Computer Surveillance
 The use and operations of the University's Information and Communication Technology (ICT) Resources is governed by:

- [The Acceptable Use of UNSW Information and Communication Technology \(ICT\) Resources Policy](#); and
- [The Acceptable Use of UNSW Information and Communication Technology \(ICT\) Resources Procedure](#)

The Policy and Procedure contain important information and requirements in respect of the use of UNSW ICT resources, including in relation to UNSW monitoring OF ICT usage and records, including how such monitoring is carried out. Copies of this Policy and this Procedure are available at <http://www.gs.unsw.edu.au/policy/findapolicy/policylist.html>. Please read and familiarise yourself with this Policy and Procedure before you commence work. Monitoring of ICT usage and records will be conducted by the University in accordance with the Policy and Procedure, on a continuing and ongoing basis.

Casual Staff Checklist



UNSW

| | | |
|---|-------------------|-------------------|
| Employee Name: | School/Work Unit: | Faculty/Division: |
| Activities to be completed by Supervisor or appropriate delegate | | |

√ n/a **Important Policies and Procedures**

- UNSW [Code of Conduct](#)
- Occupational Health & Safety policies
- Emergency procedures
- [The Equity and Diversity Policy Statement](#)
- UNSW Staff Complaint Procedures
- [Conflict of Interest Policy](#)
- Intellectual Property Policy

√ n/a **Work Area Orientation**

- Introduced to the person they report to on a day to day basis and immediate co workers
- Keys/swipe card to office given (if applicable)
- Parking permits have been provided (if applicable)
- Tour of work area provided including whereabouts of amenities
- Emergency evacuation procedures explained
- First Aid information explained
- Key Health and Safety information explained
- Introduced to personal work space
- Shown how to operate computer and other key equipment (photocopier, fax, printer)
- Informed of internal/outgoing mail procedures
- Identify and discuss essential operating policies and who to ask for help

√ n/a **Job performance**

- List of duties given
 - Responsibilities and objectives of role explained
 - Deadlines set (if applicable)
- Initial on the job coaching is provided (allow some time for supervised practice prior to leaving the casual staff member or temp to get on with the job if necessary)

√ n/a **Employee organisations at UNSW**

- Provided with access to membership forms to employee organisations at UNSW. Membership forms for the NTEU, CPSU and AMWU are available at the following links respectively:
<http://www.nteu.org.au/join/forms> ;<https://membership.psa.asn.au/join/>
<http://amwu.org.au/join-us/12/join-now/>

The information as outlined in the above checklist has been provided.

Employee Signature: _____ Date: _____
 Supervisor or Delegate: _____ Date: _____

This form should be retained by the supervisor in the staff members file.