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| **ACTING APPOINTMENT REQUEST FORM** |

**PLEASE COMPLETE AND FORWARD TO:**

Human Resources Branch, Division of Services and Resources

To determine if this form should be complete please review the [Managing Temporary Vacancies or Leave of Absence Toolkit](http://www.adelaide.edu.au/hr/benefits/leave/absence/).

This form should not replace Higher Duties or Secondment arrangements.

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| **STAFF MEMBER DETAILS** |
| Staff ID: \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ School/Branch: Work phone:  Title: Family name: Given names (in full): |

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| **ACTING APPOINTMENT DETAILS** |
| Position title: Position No (if known):  Name of current incumbent (or previous if applicable):  Period of acting appointment: Start: End date: |
| Reason for acting appointment *(ie: fill a vacant position):*  *…………………………………………………………………………………………………………………………………………………………..*  *Attach Key Performance Indicator’s (KPI’s) (if relevant)* |

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| **RESPONSIBILITY LOADING (if applicable)** |
| **Loading amount:** $ \**(please provide the full-time equivalent per annum amount. This will be pro-rated for part-time staff)*  \*The loading will be expressed as a fixed dollar amount that does not increase with salary increments or with pay increases to the base salary. |

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| **RECOMMENDATION** |
| **Head of School/Branch Head***(To recommend approval of the Acting Appointment)*  Name: ............................................................Signature: ....................................................................Date: |

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| **STAFF MEMBER’S DECLARATION** |
| I, accept the Acting Appointment as described above. I agree that all other terms and conditions of my employment remain unchanged.  **Signature:** **Date:**  *Please retain a copy for your own records* |

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| **FINANCIAL CONSIDERATION** |
| **Faculty/School/Branch (Finance Manager):**  This loading can be funded from existing budget: **Yes** **No** If No, where will the budget come from? ............................  Name:............................................................................. Signature**:**............................................................... Date: ...................... |

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| **AUTHORISATION** |
| **Executive Dean/Divisional Head** (For approval) **Approved:**  **Not approved:**  Name:............................................................................. Signature**:**............................................................... Date: ......................  \*The Vice-Chancellor & President’s approval is required for loadings of more than 25% of salary.(Refer to Loadings, Allowances and Performance Bonus Procedures for details). On receipt of this form in the HR Branch, arrangements will be made to provide relevant documents to the Vice Chancellor & President. |