

SCHOOL/CENTRE/OFFICE TO COMPLETE (this information must be provided in time to allow any necessary notice to be given):

School/Centre/Office: _____

The fixed-term appointment of the following staff member will end on ____/____/____

Family Name: _____ Other Names: _____

Academic General Employee Number: _____

Full-time Part-time / Fractional Job No: _____

I advise that the staff member will NOT be offered a further appointment in this position

- and that the job is no longer required in its current form. The possibility of a further offer had depended on the availability of further work in this area.
- and that there is no further funding available for the position. The possibility of a further offer had depended on the availability of further work in this area.
- as the position has been filled by another appointee.
- as the person is not seeking further appointment with the University (see attached letter).
- as the appointment was to replace a member of staff who is on maternity leave or secondment, and this person will be returning to duties on ____/____/____
- as at this stage it is not clear whether *funding / student numbers / (other)* will enable a further appointment to be made. The possibility of a further offer depends on the availability of further work in this area.
- as set out in the original offer.
- other reason _____

FOR GENERAL STAFF ONLY:

For **part-time General staff**, please show ordinary hours worked or to be worked in the last part week or fortnight, as the average hours may be incorrect:

LAST WEEK / FORTNIGHT - DATES AND HOURS WORKED OR TO BE WORKED

DAY DATE	THU /	FRI /	SAT /	SUN /	MON /	TUE /	WED /	THU /	FRI /	SAT /	SUN /	MON /	TUE /	WED /
HOURS														

FOR ACADEMIC STAFF ONLY:

From **1/1/96**, Academic staff who submit annual leave requests may be approved to carry unused leave into the next year and are entitled to be paid for unused leave at the end of the appointment. If forms have been submitted, please show the number of hours of annual leave that the staff member has taken since 1/1/96 or since commencement of this appointment, if after 1/1/96: _____ hours.

Recommended: _____ /____/____

Approved: _____ /____/____
 Head of School/Centre/Office or other Personnel Delegate (Date)

Personnel Office Use Only

Letter written / Processed / PMIS entered: _____ (inits) ____/____/____

Eligible for severance payment?

No

Yes

Number of weeks _____

Checked: _____(inits)

____/____/____