SECONDMENT FORM **FORM 18.02a**

STAFF MEMBER TO COMPLETE DETAILS:

Employee Number: _____

School/Centre/Office: _____

❒ Academic ❒ General Level: _____ Fraction: _____%

Family Name: _____ Title: _____

Other Names: _____

Signature of applicant: _____ Date: ___/___/____

SCHOOL/CENTRE/OFFICE USE ONLY:

School/Centre/Office: _____

Discipline: _____ Budget Unit Code: M _ _ _ _ Z

May be employed during period ___/___/____ to ___/___/____

Recommended: _____ Recorded in School/Centre/Office: _____(inits)

Recommended: _____ ____/____/____

Head of School/Centre/Office Date

PERSONNEL OFFICE USE ONLY MACQUARIE UNIVERSITY 25 SEPTEMBER 1997

1. Deputy Vice-Chancellor - approved _____ ____/____/____
2. Personnel Office - attachments correct: _____(inits) ____/____/____
3. Letter sent to other Institution: _____ ____/____/____
4. Processed/entered: _____(inits) ____/____/____Checked: _____(inits) ____/____/____