

EXPIRY OF FIXED-TERM APPOINTMENT

FORM 29.02a

DIVISION/OFFICE TO COMPLETE (this information must be provided in time to allow any necessary notice to be given to the staff member):

Division/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

- as 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.
- as 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 forms may be entitled to be paid for unused leave at the end of the appointment. As forms have been submitted, I advise the number of hours of annual leave taken since 1/1/96 or since commencement after 1/1/96 was: _____ hours.

Recommended: _____

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

PERSONNEL OFFICE USE ONLY

 Macquarie University 10 August 1999

Eligible for severance payment? No Yes Number of weeks _____

Letter sent/ / PMIS entered: _____ / _____ / _____
 (inits) Checked: _____ / _____ / _____
 (inits)