

SCHOOL/CENTRE/OFFICE USE ONLY:

School/Centre/Office: _____

Discipline: _____

Unit of Study Ref: _____ (optional)

Current Occupant:

Employee Number : _____

Family Name: _____ Other Names: _____

THIS FORM IS TO BE USED TO CHANGE THE PREVIOUSLY APPROVED HOURS/SESSIONS AND ESTIMATED PERIOD OF EMPLOYMENT.

May now be employed from _____/_____/_____ to _____/_____/_____
 (previous start date) (end date) - Revised? Yes

Job No.	Position Number	Budget Unit Code	Rate to be Paid	Original Total Hrs/Sessions	New (cumulative) Total Hrs/Sessions	New Total Cost	Account Number (Reference Purposes Only)	% a/c
	__ C ____ 000	M ____ Z	\$.			\$.	_/ _/ _/ _/ _/212	
	__ C ____ 000	M ____ Z	\$.			\$.	_/ _/ _/ _/ _/212	
	__ C ____ 000	M ____ Z	\$.			\$.	_/ _/ _/ _/ _/212	
	__ C ____ 000	M ____ Z	\$.			\$.	_/ _/ _/ _/ _/212	
	__ C ____ 000	M ____ Z	\$.			\$.	_/ _/ _/ _/ _/212	

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

I hereby APPROVE and certify that this appointment remains of a true casual nature and complies with the policy in Section 6.02 of the Handbook.

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

PERSONNEL OFFICE USE ONLY

Processed/entered: _____(inits) _____/_____/_____ Checked: _____(inits) _____/_____/_____