



If Faxing please ensure that the Employee's Name and Personnel Number are included on each page of the form

Name: \_\_\_\_\_

Personnel No: \_\_\_\_\_

**Section 3. To be Completed by the Line Manager**

I have discussed the application with the employee and recommend that the application is

Approved  Refused  Please (✓) Tick one

If Application is refused outline reasons for refusal


\* Line Manager should review the arrangement on an annual basis in terms of addressing real service demands.

Agreed Contract Hours per week/Fortnight (use decimals if less than whole time hours)	Hrs
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Agreed attendance arrangements

Day of the Week	Start Time	End time	Break time Start	Break time end	Hours per day

Working Week	5 / 5 <input type="checkbox"/>	5 / 7 <input type="checkbox"/>
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**Work Schedule rule details (SAP Phase II Sites Only)**

Work Schedule Rule		Start week of Rotational Roster	
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Agreed Start Date							
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Is the employee to be assigned to a different position	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If Yes provide New position Number							
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Position Name

Previous occupant (if Known)

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### Section 4. Line Managers Declaration

I declare that the above information is accurate and correct on the date indicated below.

Signature:	Date:																		
Name:	Grade:																		
Contact Phone No:	Mobile No:																		
E-mail Address:																			

### Section 5. Area Employment Monitoring Group

Approval No	Date																		
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### Section 6. Delegated Officer Approval

Name (Print)	Signature																		
Tel No	Date																		
Decision No																			