

## WORK SCHEDULE AND CHANGE OF FRACTION FORM - (PART-TIME ACADEMICS)

### Instructions for completing the Work Schedule/Change to Fraction – (Part-Time Academics)

- Where possible, fraction changes should be effective from the **beginning of a new fortnightly pay period** (i.e. Saturday) and the end date (if applicable) is the **end of the fortnightly pay period** (i.e. Friday) Please ensure the work pattern for week 1 and 2 reflects the University's [pay period schedule](#).
- Please circle days ordinarily worked, if not full days provide fraction of day or hours and circle AM / PM indicating what part of day work is normally performed
- Only fill out as many weeks as required to show any variations in your work pattern

SECTION 1 – STAFF MEMBER’S DETAILS													
Personnel Number													
Title	Family Name			Given Name(s)									
Faculty/Division													
Organisational Unit				Campus									
Classification		Step		Position Title									
Current Fraction		Current Hours		New Fraction		New Hours							
Start Date of New Fraction <u>   </u> / <u>   </u> / <u>   </u> <i>(Beginning of Fortnightly Pay Period)</i>						End Date of New Fraction (if applicable) <u>   </u> / <u>   </u> / <u>   </u> <i>(End of Fortnightly Pay Period)</i>							
COST CENTRE				FUND				%		NAME OF FUND			

Week 1	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
Fraction of day /Hours							
	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM
Week 2	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday <i>Pay Day</i>	Friday
Fraction of day /Hours							
	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM

SECTION 2 – STAFF MEMBER’S SIGNATURE		
Signature	Date <u>   </u> / <u>   </u> / <u>   </u>	Contact Ext No. <u>   </u> <u>   </u> <u>   </u>

**HR Operations will email confirmation of this arrangement to the Staff Member and the Organisational Unit.**  
**Please provide the Organisational Unit nominee:** \_\_\_\_\_

SECTION 3 – AUTHORISATION BY ORGANISATIONAL UNIT			
Person with Financial Delegation		Dean/Head of Organisational Unit	
Signature		Signature	
Please print name		Please print name	
Contact Ext No. <u>   </u> <u>   </u> <u>   </u>	Date <u>   </u> / <u>   </u> / <u>   </u>	Contact Ext No. <u>   </u> <u>   </u> <u>   </u>	Date <u>   </u> / <u>   </u> / <u>   </u>
SECTION 4 – AGREEMENT by ORGANISATIONAL UNIT WHERE EXISTING APPOINTMENT IS LOCATED <i>(To be completed only if the staff member holds another appointment with Monash University)</i>			
Person with Financial Delegation		Dean/Head of Organisational Unit	
Signature		Signature	
Please print name		Please print name	
Contact Ext No. <u>   </u> <u>   </u> <u>   </u>	Date <u>   </u> / <u>   </u> / <u>   </u>	Contact Ext No. <u>   </u> <u>   </u> <u>   </u>	Date <u>   </u> / <u>   </u> / <u>   </u>

**For assistance please contact HR Enquiries on ext 20400**

Please return completed form to your HR Hub, Monash HR, Monash University, VIC, 3800

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