

VARIATION TO EMPLOYEE DETAILS



Name _____ Employee No _____

Effective Date _____ End Date (if applicable) _____

MANAGER TO COMPLETE SECTION BELOW.

Please ensure that the form is authorised according to the Delegations Manual prior to submitting to Pay Office

Details	Change From	Change To
Award		
Classification		
Basic Pay	\$ /fort	\$ /fort
Other:	\$ /fort	\$ /fort
Recurring Allowances		
Code		
_____	\$ /fort	\$ /fort
_____	\$ /fort	\$ /fort
Over Award / COM Component (ie service margin or salary maintenance)	\$ /fort	\$ /fort
Employee Status (i.e. FT, PT, CS)		

If the employee is working within two or more cost centres, please indicate the hours worked in each cost centre below

Cost Centre & Funding Split	Cost Centre	Hrs	%	Cost Centre	Hrs	%
Primary Position	_____	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____	_____
Extension to contract						
Annual Leave Allotment	_____ weeks			_____ weeks		
Pay Point / Pay Slip Location						

Please provide a reason for the above changes: _____

AUTHORISATION REQUIRED (please see the Authorisation Grid below for clarification)

Employee Name _____

Signature _____ Date _____

APPROVAL 1: MANAGER TO APPROVE ALL CHANGES

If employee is working in two departments and changes to employee conditions affect secondary cost centre, approval is required from Cost Centre Mgr.

Primary Cost Centre Manager: Name _____ Phone / Pager _____

Signature _____ Date _____

2nd Cost Centre Manager: Name _____ Phone / Pager _____

Signature _____ Date _____

APPROVAL 2: E.D TO APPROVE REOCCURING ALLOWANCE / OVER AWARD / EXTENSION OF CONTRACT

Executive Director Name _____

Signature _____ Date _____

APPROVAL 3: MANAGEMENT ACCOUNTANT TO APPROVE ALL CHANGES, EXCEPT ANNUAL LEAVE ALLOTMENT

Management Accountant Name _____

Signature _____ Date _____

APPROVAL 4: CEO TO APPROVE OVER AWARD PAYMENTS ONLY

CEO Signature _____ Date _____

PAY OFFICE TO COMPLETE SECTION BELOW.

Details	Change From		Change To	
Position Number				
Review Date – Reason for Alteration	Rev Date	Code / Action	Rev Date	Code / Action
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Payroll Name _____

Signature _____ Date _____

	AUTHORISATION REQUIRED				
VARIATION:	Employee	Manager	Executive Director	Management Accountant	CEO
Classification	x	x		x	
Reoccurring Allowance	x	x	x	x	
Over Award	x	x	x	x	x
Increase in Hours	x	x		x	
Decrease in Hours	x	x		x	
Cost Centre	x	x		x	
Extension of Contract	x	x	x	x	
Annual Leave Allotment	x	x			