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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| HR 20 | | | | Contract of Employment  for Casual Staff | | | | | | | | | | | | | UOM-Rev3D_S_Sm copy | | |
| This form is to be completed in order to engage Academic and Professional staff on a casual basis.  All fields on this form are mandatory.  **This form is processed by Local HR.**  Enquiries regarding this form can be made to your Local HR Officer: *http://go.unimelb.edu.au/*[y6x](http://go.unimelb.edu.au/y6x)*.* | | | | | | | | | Once this form has been completed it must be printed, signed, approved and sent to your Local HR Officer (together with a completed Tax File Number (TFN) Declaration) for processing.  Local HR must send the processed TFN Declaration to HR Specialist Services for retention. | | | | | | | | | | |
| a. offer of employment | | | | | | | | | | | | | | | | | | | |
| offer summary | | | | | | | | | | | | | | | | | | | |
| The University of Melbourne (the University) offers to engage the services of | | | | | | | | | | | | | |  | | | | | (staff  member) |
| in |  | | | | | | | (Organisation Unit Name) | | | on a casual basis to perform the duties set out below. | | | | | | | | |
| **Employment Period** | | | | | Start date | |  | | | | | End date | |  | | | | | |
| conditions of employment | | | | | | | | | | | | | | | | | | | |
| Unless otherwise specified, employment will be subject to the University’s collective Enterprise Agreement, Council policies as well as University Statutes and Regulations as varied from time to time (available at <http://www.unimelb.edu.au>).  **Conversion to Continuing or Fixed-Term Appointments:** After serving qualifying periods, eligible casual professional staff may have a right to apply for conversion to continuing or fixed-term appointments. For further information please refer to: *http://policy.unimelb.edu.au.* | | | | | | | | | | | | | | | | | | | |
| duties | | | | | | | | | | | | | | | | | | | |
| Description | | | | | | | | | | | | | Classification /  $ rate per hour | | | Expected number of hours | | Expected total $ | |
|  | | | | | | | | | | | | |  | | |  | | $ | |
|  | | | | | | | | | | | | |  | | |  | | $ | |
|  | | | | | | | | | | | | |  | | |  | | $ | |
|  | | | | | | | | | | | | |  | | |  | | $ | |
|  | | | | | | | | | | | | |  | | |  | | $ | |
| Subject (Academic duties only) | | | | | |  | | | | | | | | | | | | | |
| Account charging | | | | -   -  -     -   -  - | | | | | | | | | -   -  -     -   -  - | | | | | | |
|  | | | | -   -  -     -   -  - | | | | | | | | | -   -  -     -   -  - | | | | | | |
| Further detail on the definition of the above duties is available in the University Policy Manual: http://policy.unimelb.edu.au/UOM0115.1#section-1.1.2.1. | | | | | | | | | | The expected hours are indicative only and may be subject to variation.  The staff member will be paid for any additional duties under­taken by the staff member at the request of the University. | | | | | | | | | |
| supervisor details | | | | | | | | | | | | | | | | | | | |
| Name | |  | | | | | | | | | | | | | | | | | |
| Employee No# | | |  | | | | | | | | | | Position No# | |  | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
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| B. employee information (must be completed by employee) | | | | | | | | | | | | |
| Employee No |  | | | | | | Title | | |  | | |
| Family Name |  | | | | | | Given Name(s) | | |  | | |
| Date of Birth |  | | | | | | Gender | | | F  M | | |
| Have you worked at the University previously? | | | | | | | Yes  No | | | | | |
| Preferred contact number | | | | |  | | Email Address | | |  | | |
| work rights | | | | | | | | | | | | |
| Proof of work rights must be forwarded to Local Human Resources with this form:   * for new starters or previous employees; or * for current staff members who have not previously provided proof of work rights to Human Resources.   Proof of work rights may include a valid Australian or New Zealand passport, Australian birth or citizenship certificate or a valid foreign passport and visa. A driver’s licence is not valid for proof of work rights. | | | | | | | | | | | | |
| TAX FILE DECLARATION | | | | | | | | | | | | |
| * New starters or previous employees must complete a Tax File Declaration form and forward to Local Human Resources with this form. * Current staff members who need to update their tax details should complete a Withholding Tax Declaration form. | | | | | | | | | | | | |
| additional required information | | | | | | | | | | | | |
| * Existing staff members needonly complete the following information if your details have changed * New or previous staff members must complete the following information. | | | | | | | | | | | | |
| Residential address | | | | | | | | | | | | |
| Street Address |  | | | | | | Suburb | |  | | | |
| Country |  | | | | | | State |  | | | Postcode |  |
| Financial institution details (for deposit of pay) | | | | | | | | | | | | |
| Name of financial institution | | | | | |  | | | | | | |
| Branch and address | | | | | |  | | | | | | |
| Name on account | | | | | |  | | | | | | |
| BSB Code | |  | | | | Account Number |  | | | | | |
| Emergency contact information | | | | | | | | | | | | |
| Name | | |  | | | | | | | | | |
| Address | | |  | | | | | | | | | |
| Phone (BH) | | | |  | | | Phone (AH) | |  | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| C. employment declaration and authority | | | | | | |
| declaration by the staff member | | | | | | |
| 1. I accept this offer of employment in the terms prescribed by this contract. 2. I declare that I am legally allowed to work at the University of Melbourne and that this employment does not contravene visa restrictions about paid employment in Australia that apply to me. 3. I declare that I am in possession of any necessary employment checks relevant to the position, eg:  * Working With Children Check - http://policy.unimelb.edu.au/UOM0102.1#section-4 * Police Records Check - http://policy.unimelb.edu.au/UOM0102#section-3  1. I acknowledge that my employment conditions will be subject to applicable Agreements, Council policies as well as University Statutes and Regulations as varied from time to time. Refer to: http://www.unimelb.edu.au/ExecServ/Statutes. 2. I agree to abide by the University policy on sexual harassment and discrimination, available at: <http://www.hr.unimelb.edu.au/advicesupport/dm/definitions>. 3. I also declare that I have:   **Attached a Tax File Declaration** (previous and new employees).  **Attached proof of work rights** or have previously submitted a copy to Human Resources.  **Completed the HR 15 HHAQ** (if applicable) and forwarded to the University Health Service.  **Completed Section B. Employee Information** of this contract. | | | | | | |
| Signature |  | | | Name |  | |
|  |  | | | Date |  | |
| declaration on behalf of the university | | | | | | |
| In endorsing this offer of employment I certify that:   1. The staff member is an Australian citizen, permanent resident or has visa authorisation allowing this employment and I have received from this casual member proof of work rights, eg. valid Australian or New Zealand passport, Australian birth or citizenship certificate or a valid foreign passport and visa. 2. Where the staff member is likely to be exposed in the course of their employment to known occupational hazards outlined in the HR 15 Health and Hazard Assessment Questionnaire (HHAQ) form (available from http://www.hr.unimelb.edu.au/benefits/forms), that a HHAQ form has been completed on behalf of the University and by the employee and forwarded to the University Health Service. 3. this appointment will not breach University policy with regard to personal relationships, employment and staffing (available at http://policy.unimelb.edu.au/UOM0109.1#section-10). 4. There is no conflict of interest (eg close personal relationships, financial interests, contractual relationships or possession of a particular interest or point of view in respect to this appointment) which influence the impartiality or fairness of this appointment. 5. I have sighted any necessary employment checks relevant to the position, eg: 6. Working With Children Check - http://policy.unimelb.edu.au/UOM0102.1#section-4 7. Police Records Check - http://policy.unimelb.edu.au/UOM0102#section-3 | | | | | | |
| Supervisor’s Signature | |  | | | Name |  |
|  | |  | | | Date |  |
| Signature of Level 2 Delegate† | |  | | | Name |  |
|  | |  | | | Date |  |
| †Level 2 delegates include Heads of Department, Department Managers, Deputy Heads, Deputy Principals and identified positions with significant resource management responsibilities which report to a Vice-Principal. | | | | | | |
| privacy information | | | Information collected on this form will become part of your employment record.  It will be stored securely and only used or released in accordance with the University’s privacy policy which is available from www.unimelb.edu.au/unisec/privacy. | | | |



