

CASUAL CONVERSION APPLICATION AND APPOINTMENT AUTHORITY



To be used to convert a casual to continuing employment where the conditions of the Enterprise Agreement are met.

1. STAFF MEMBER DETAILS (applicant use)

First Name		Surname	
Preferred Name		Staff ID (if known)	
Position Title			
FIOA			

2. APPLICATION (applicant use)

I wish to apply for conversion from casual general employment to non-casual general employment.

I have been employed on a regular and systematic basis at the same HEW level and have been undertaking the same role or similar roles that consisted of the same or similar duties within the same budget centre.

Please tick as appropriate:

- for the immediately preceding period of at least 24 months; or
- for at least 50% of full time equivalent hours for the immediately preceding 12 months.

Comments in support of my application			
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Print Name		Signature		Date	
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3. SPECIFIC GROUNDS TO RECOMMEND FOR APPROVAL OR REJECTION (budget centre use)

To determine if the Staff Member meets the grounds specified in Schedule F, Deakin University Enterprise Agreement 2009 - 2012, please complete the following questions in relation to the recommendation for approval or rejection:

1a	Is the staff member a student or have they recently been a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, proceed to question 1b)
1b	If yes, is their status as a student relevant to their engagement and the work required?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, may reject application)
2	Is the staff member a genuine retiree?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, may reject application)
3	Is the staff member performing work that will either cease to be required or will be performed by a non-casual employee within 26 weeks from the date of the application for conversion?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, may reject application)
4	Does the staff member have a primary occupation with the University or elsewhere, either as a staff member or as a self-employed person?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, may reject application)
5	Does the staff member meet the essential requirements of the position?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, may reject application)
6	Is the work ad hoc, intermittent, unpredictable or involves hours that are irregular?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, may reject application)
7	Other (please specify):	

This application for conversion is:

- Approved (If approved please complete sections 4, 5 and 6 then return to HRD)
- Rejected (If rejected please sign section 6 and return to HRD)

4. APPOINTMENT DETAILS – ONLY REQUIRED FOR APPROVED APPLICATIONS (budget centre use)

Position Number				Position Classification			
Salary Range	From	\$	p.a.	To	\$	p.a.	
Supervisor of Position (Name & Title)				Supervisor's Position Number			
Type of Appointment	<input type="checkbox"/> Continuing	Time Fraction		Start Date		End Date	Probation months
	<input type="checkbox"/> Fixed Term						

