

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

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

1. 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](#).
2. 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
3. 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 ____/____/____ (Beginning of Fortnightly Pay Period)						End Date of New Fraction (if applicable) ____/____/____ (End of Fortnightly Pay Period)							
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 ____/____/____	Contact Ext No. _____

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. _____	Date ____/____/____	Contact Ext No. _____	Date ____/____/____

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

For assistance please contact HR Enquiries on ext 20400

Please return completed form to HR Operations, Human Resources Division, Monash University, VIC, 3800