



# Request for Change of Fraction

## Employee Details

Name  Staff Number  Campus

## Change of Fraction Details

**New Request**    
  **Extension**    
 Fraction %     
 Start Date     
 End Date

Please specify roster, in hours, for the fortnight commencing the Friday immediately following pay day.

	Fri	Sat	Sun	Mon	Tues	Wed	Thur		Fri	Sat	Sun	Mon	Tues	Wed	Thur
Hours															

## Reason

Please outline the reason for the proposed change of fraction

## Authorisation

### Recommendation

Supervisor  Name  Signature  Date

### Approval

General Manager  Name  Signature  Date

If applicable, provide GL code breakdown for change of fraction period

No.1   %    
 No. 2   %    
 No. 3   %

## Acceptance

***I accept this formal variation of my substantive appointment on the conditions set out on this form and understand:***

- At the conclusion of this period I will return to my substantive fraction of appointment unless the appointment has been approved as my new substantive fraction; and
- All other terms and conditions of my employment are unchanged.

Employee  Name  Signature  Date

## HR Use Only

Processed in Alesco    
  CSPTC Allowance added (if applicable)    
 Processed by