



Secondment Information

Employee Name		
Secondment Position		
Secondment Department		
Secondment Period	to	
Are you currently a continuing staff member?	Yes	No
Have you been in your current role for 12 months or more?	Yes	No
Have you completed probation?	Yes	No
Have you participated in the EDRS this year?	Yes	No

*! If you have said no to any of the questions above you are not eligible for a secondment in accordance with the [Secondment Appointment Policy](#).*

**List your reasons for applying for the secondment position (i.e. professional development goals or mutual benefits).**

**I have read the Secondment Appointment Policy and Procedure.**

Please ensure an approved Secondment Release Form is submitted with your application.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date





Supervisor Endorsement

<b>Name</b>	
<b>Position</b>	

Do you support the secondment for the above-mentioned applicant? Yes  No

Supervisor Comments

\_\_\_\_\_  
Supervisor Signature Date

Approval

Within division/faculty: Band 7 OR between divisions/faculties: Band 8 [Who is this?](#)

<b>Name</b>	
<b>Position</b>	

Do you support the secondment for the above-mentioned applicant? Yes  No

Final Comments

\_\_\_\_\_  
Delegated Officer Signature Date

