

## Position Information

Position Number

Effective Date

Details of proposed changes

Reason for making changes to this position

## Recommendation and Approval

Recommendation

\_\_\_\_\_

Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**Approval by the delegated officer(s):**

Band 7 or above

[Who is this?](#)

\_\_\_\_\_

Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**Authorisation required for level D or E staff**

Band 8 or above

[Who is this?](#)

\_\_\_\_\_

Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

## Final Processing

Please submit approved form to [hr@csu.edu.au](mailto:hr@csu.edu.au) for processing.