



CONTRACT OF EMPLOYMENT - HR 20P CASUAL PROFESSIONAL STAFF

This form is to be completed in order to engage professional staff on a casual basis. When complete, the original of this form must be sent to Human Resources along with a Tax Declaration Form if not previously submitted by the casual staff member. A copy of the completed form should be given to the staff member and a further copy must be kept by the Department.

NB: All fields are to be completed prior to lodging this form.

PART A – OFFER OF EMPLOYMENT

Offer of employment

The University of Melbourne (the University) offers to engage the services of _____
(the staff member) in _____ (name of Department/School)
on a casual basis to perform the duties set out below.

Employment period

Employment commences on _____ (date) and is expected to cease by _____ (date)

Conditions of Employment

Unless otherwise specified, employment will be subject to the University’s collective Enterprise Agreement, Council policies as well as University Statutes and Regulations as varied from time to time (available at <http://www.unimelb.edu.au>).

Conversion to Continuing or Fixed-Term Appointments

After serving qualifying periods, eligible casual professional staff may have a right to apply for conversion to continuing or fixed-term appointments. For further information please refer to: <http://www.unimelb.edu.au/ppp/docs/1.html#1.2.3.4>

Duties

DUTIES	CLASSIFICATION LEVEL	RATE PER HOUR	EXPECTED NUMBER OF HOURS
University Administration and Support			
Technical & Laboratory Support			
Other			

The expected hours are indicative only and may be subject to variation. The staff member will be paid for any additional duties undertaken by the staff member at the request of the University.

Supervisor’s name: _____ Date of commencement: _____

Supervisor’s Employee Number: _____ Supervisor’s Position Number: _____

Account charging: | Company | Department | Section | Project | Group | Activity | Location |

PART B – EMPLOYMENT DECLARATION AND AUTHORITY

Declaration by the staff member

- i. I accept this offer of employment in the terms prescribed by this contract.
- ii. I declare that I am legally allowed to work at the University of Melbourne and that this employment does not contravene visa restrictions about paid employment in Australia that apply to me. I have provided proof of work rights to my supervisor - eg. valid Australian or New Zealand passport, Australian birth or citizenship certificate or a valid foreign passport and visa.
- iii. I declare that I am in possession of any necessary employment checks relevant to the position (eg. *Working With Children Check* - <http://www.unimelb.edu.au/ppp/docs/3.html#3.4.>, or *Police Records Check* - <http://www.unimelb.edu.au/ppp/docs/3.html#3.3.>)
- iv. I acknowledge that my employment conditions will be subject to applicable Agreements, Council policies as well as University Statutes and Regulations as varied from time to time. Refer to: <http://www.unimelb.edu.au/ExecServ/Statutes>.
- v. I agree to abide by the University policy on sexual harrasment and discrimination, available at: <http://www.hr.unimelb.edu.au/advicesupport/dm/definitions>.

Signature: _____

Date: _____

Information collected on this form will become part of your employment record. It will be stored securely and only used or released in accordance with the University's privacy policy (refer: www.unimelb.edu.au/unisec/privacy/)

Declaration on behalf of the University

In endorsing this offer of employment I certify that:

- i. The staff member is an Australian citizen, permanent resident or has visa authorisation allowing this employment and I have recieved from this casual member proof of work rights, eg. valid Australian or New Zealand passport, Australian birth or citizenship certificate or a valid foreign passport and visa.
- ii. Where the staff member is likely to be exposed in the course of their employment to known occupational hazards outlined in the *HR 15 Health and Hazard Assessment Questionnaire (HHAQ)* form (available from <http://www.hr.unimelb.edu.au/benefits/forms>), that such a form has been completed and forwarded to the University Health Service.
- iii. That this appointment will not breach University policy with regard to personal relationships, employment and staffing (available at <http://www.unimelb.edu.au/ppp/docs/10.html#10.10>).
- iv. There is no conflict of interest (eg. close personal relationships, financial interests, contractual relationships or possession of a particular interest or point of view in respect to this appointment) which influence the impartiality or fairness of this appointment.
- v. I have sighted any necessary employment checks relevant to the position. (eg. *Working With Children Check* - <http://www.unimelb.edu.au/ppp/docs/3.html#3.4.>, or *Police Records Check* - <http://www.unimelb.edu.au/ppp/docs/3.html#3.3.>)

Supervisor's Signature: _____

Date: _____

Signature of Level 2 Delegate*: _____

Date: _____

*Level 2 delegates include Heads of Department, Department Managers, Deputy Heads, Deputy Principals and identified positions with significant resource management responsibilities which report to a Vice-Principal.

PART C – EMPLOYEE DETAILS

Personal Details

Title: _____ Family Name: _____ Given Names: _____

Preferred Given Names: _____ Gender: _____ Employee Number: | | | | | | | | | |

Residential Address: _____

_____ Postcode: _____

Date of Birth: _____ Home Phone N°#: _____ Mobile N°#: _____

Email Address: _____

Financial Institution Details for Deposit of Pay

Name of Financial Institution: _____ Branch and Address: _____

Name on Account: _____

BSB Code: | | | | | | | | | | Account Number: | | | | | | | | | |

Tax File Declaration

A Tax File Declaration form has been completed? Yes No

A Tax File Declaration form must be completed and forwarded to Human Resources with this form:

- for new starters
- if casual staff need to update their tax details

Cultural and Language Diversity

The Department of Education, Science and Technology requires the University to collect the following information:

Main language spoken at home:

English

Other Please advise: _____

Country of birth:

Australia

Other Please advise: _____

Emergency Contact Information

Name: _____

Address: _____

Business Phone: _____ Home Phone: _____