

# Request to Annualise

To advise Human Resources of the annulisation of a fixed-term or ongoing employee

## REQUEST TO ANNUALISE

The Request to Annualise is a binding agreement only when signed acceptance by the employee and duly authorised by two levels of management. An annualised employee is an employee engaged as such on a continuing or fixed-term basis for a specific number of ordinary hours within any one year as offered by the university or as subsequently varied by agreement with the Annualised Hours Employee.

For the purposes of payment, the total number of nominated annual hours will be averaged to a fortnightly salary.

In accordance with clause 9.10.2 of the EBA Annualised hours employees will be entitled to receive the leave entitlements of a full-time employee on a proportional basis determined by the number of annualised ordinary hours required to be worked by the employee within the year.

Leave entitlements are calculated directly from an employee's annualised time fraction and are therefore accrued across the entire year.

**\*\*Managers please note: For all new (external) employees to Swinburne HR will also require a Request to Appoint (A2) form to be filled out in addition to the Request to Annualise (A8)**

## EMPLOYEE DETAILS

Employee Number (6 digit payroll no.):	Title (eg Prof, Dr, Mr, Ms):
Surname:	Given Names(s):
Classification:	
Management Unit:	Divison:
Position No:	Position Title:
Current Person Reports To (Name):	Current Position Reports To (Position No):

## ANNUALISED DETAILS

Start Date:	End Date:	Total weeks to be worked:
Total hours worked each fortnight:	Actual time fraction:	
<b>HR USE ONLY</b>		
Annualised time fraction:		

## EMPLOYEE'S ACCEPTANCE OF ANNUALISATION

I accept the above changes pursuant to the relevant agreement as contained in my contract of employment. The variation remains in force unless superseded by mutual agreement. As such no further correspondence will be required.

Name (print):	Signature:	Date:
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## AUTHORISATION – by 2 levels of Management

Head of Management Unit		
Name (print):	Signature:	Date:
Director / Dean / Executive Director:		
Name (print):	Signature:	Date:
Vice-Chancellor / Deputy Vice-Chancellor / Vice President:		
Name (print):	Signature:	Date: