

## **Additional Work** **(Home or Cross Management Unit Work)**

### **Please note:**

- ★ Use this form to seek approval prior to conducting any form of Home or Cross Management Unit Work as Additional Work.
- ★ Please complete this forms in conjunction with the Additional Work Policy.
- ★ This form may only be used by Academic Staff.
- ★ Please attached a copy of your Individual Work Allocation Plan to show that the work described on this form sits outside your allocated work plan.
- ★ Payment will not be made using this form. For payment, complete the attached and forward to HR after gaining appropriate approval: <http://www.swin.edu.au/corporate/hr/docs/T3.doc>

### **1. Employee Information:**

Employee No:

Surname:

Given Name(s):

Faculty:

### **2. Description of Home or Cross Management Unit Work:**

This may include details of a project within your Home Management Unit or within another Faculty, details and dates of classes, for example Summer School, you will teach etc,

### **3. Agreed Remuneration:**

Please include details of the agreed remuneration for the Additional Work, including either hourly rate for classes or fixed amount upon satisfactory completion of a project.

### **6. Employee Authorisation:**

I agree that the above as stated is a true and accurate reflection of the Additional Work (Home or Cross Management Unit Work) I wish to undertake:

**Signed:**

**Date:**

*PTO for Managers Authorisation*

**7. Manager Authorisation:**

**Home Management Unit Direct Manager**

I approve the above staff member to undertake the Additional Work (Home or Cross Management Unit Work) as described above:

**Print Name:**

**Date:**

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**Direct Manager's Signature:**

**Ext:**

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**Home Management Unit Dean:**

I approve the above staff member to undertake the Additional Work (Home or Cross Management Unit Work) as described above:

**Print Name:**

**Date:**

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**Dean's Signature:**

**Ext:**

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***Next Section Only Required for Cross Management Unit Work:***

**Cross Management Unit Dean:**

I approve the above staff member to undertake the Additional Work (Cross Management Unit Work) as described above:

**Print Name:**

**Date:**

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**Dean's Signature:**

**Ext:**

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