

APPLICATION FOR CONVERSION FORM

Conversion from Casual to Non Casual Employment (General Staff)

Instructions for completing Conversion from Casual to Non-Casual Employment Form

- This form is to be used when a casual staff member applies for conversion to a continuing or fixed-term appointment.
- Except where the staff member is employed under an Australian Workplace Agreement, all conversions must comply with clause 19 of the Monash University Enterprise Agreement (Academic and Professional Staff) 2009, accessible at adm.monash.edu.au/enterprise-agreements/academic-professional-2009/.
- Please ensure that a copy of the Position Description is attached to this form. If there is no existing position description, a Position Description will need to be developed and submitted for evaluation prior to the application form being submitted to HR Operations.**
- Please include a position number. Position numbers may be found at: <http://sssd.adm.monash.edu.au/opm/login.asp>
- Once completed the original form is to be forwarded to HR Operations, Monash HR.

SECTION 1 – STAFF MEMBER’S DETAILS			
Personnel Number			
Title	Family Name	Given Name(s)	
Residential Address		Date of Birth ____/____/____ (DD/MM/YYYY)	
Postcode		Telephone No ____ - _____	
Citizenship Does the appointee have Australian Citizenship? Yes <input type="checkbox"/> No <input type="checkbox"/> If No – complete details below			
If No - State their citizenship		Residency Status <input type="checkbox"/> Permanent <input type="checkbox"/> Student <input type="checkbox"/> Temporary	
Does the staff member have authority to work in Australia on a continuous / fixed term basis? Yes <input type="checkbox"/> No <input type="checkbox"/> Evidence to be attached			

SECTION 2 – CASUAL EMPLOYMENT HISTORY			
3.1. Date Initially Commenced Regular and Systematic Casual Employment		____/____/____ (DD/MM/YYYY)	
3.2. Casual Employment History (Do NOT include fixed term periods of employment)			
Classification Level	Date Contract Commenced	Date Contract Ceased	Average Weekly Hours
HEW __ Level __	____/____/____	____/____/____	
HEW __ Level __	____/____/____	____/____/____	
HEW __ Level __	____/____/____	____/____/____	
HEW __ Level __	____/____/____	____/____/____	

SECTION 3 - RECOMMENDATION
PART A – ELIGIBILITY CRITERIA
<input type="checkbox"/> I support the application for conversion
In supporting this application for conversion:
1. I am satisfied that the staff member has:
<input type="checkbox"/> been employed on a regular and systematic basis;
<input type="checkbox"/> in the same or a similar and identically classified position;
<input type="checkbox"/> in the same department (or equivalent), EITHER:
<input type="checkbox"/> over the immediately preceding period of 12 months and in those preceding 12 months the average weekly hours worked equaled at least 50% of the ordinary weekly hours that would have been worked by an equivalent staff member; OR
<input type="checkbox"/> over the immediately preceding period of 24 months.
2. I am satisfied that the person named in Section 1 is appropriately qualified and/or experienced to carry out the proposed duties and is an Australian citizen, permanent resident or has visa authorisation allowing this employment.

3. I certify that funds are available for:
- the duration of this **fixed term appointment** OR
 - 2009 and beyond for this **continuing appointment**, having regard to the Faculty/Division budget planning targets for 2009.

PART B – GROUNDS FOR REFUSAL

I do not support the application for conversion on the basis that (please tick one):

1. The staff member is a student, or has the staff member recently been a student, other than where his/her status as a student is irrelevant to their engagement and the work required.	<input type="checkbox"/>
2. The staff member is a genuine retiree <i>A 'genuine retiree' means a person who is in receipt of any form of Australian retirement income or benefit that is dependent upon them having retired.</i>	<input type="checkbox"/>
3. The staff member is performing work which will either cease to be required or will be performed by a non-casual employee, within 26 weeks (from the date of this application)	<input type="checkbox"/>
4. The staff member has a primary occupation with the University of elsewhere, either as an employee or as a self-employed person <i>If, in addition to the casual work performed by the staff member, the staff member also has other employment (with the University or elsewhere) or is self employed and this alternative employment is his/her main or principal occupation the staff member may not be eligible for conversion.</i>	<input type="checkbox"/>
5. The work performed by the staff member ad hoc, intermittent, unpredictable or involves hours that are irregular. <i>The hours and pattern of work performed by the staff member should be consistent.</i>	<input type="checkbox"/>
6. The staff member has applied for conversion and had his/her application rejected within 12 months of this application (other than where the application was rejected on the ground that the work performed by the staff member would cease to be required or would be performed by a non-casual staff member within 26 weeks of the application for conversion, and that reason has ceased to apply)?	<input type="checkbox"/>
7. The staff member does not meet the essential requirements of the position. <i>The staff member must have the skills and qualifications to meet the requirements of the role.</i>	<input type="checkbox"/>
8. The staff member's performance is unsatisfactory	<input type="checkbox"/>
9. Other (please specify)	

SECTION 4 – REQUEST FOR CONVERSION STAFF MEMBER'S SIGNATURE

Signature	Please print name
Date. ___/___/___	Contact No. _____

SECTION 5 – AUTHORISATION BY ORGANISATIONAL UNIT

Authorisation 1 – Head of Department / Organisational Unit		Authorisation 2 – Dean or Divisional Director	
Signature		Signature	
Please print name		Please print name	
Contact Ext No. _____	Date ___/___/___	Contact Ext No. _____	Date ___/___/___

SECTION 6 – ORGANISATIONAL UNIT & POSITION DETAILS (To be completed by Organisational Unit if conversion is recommended)

ORG UNIT TITLE						ORG UNIT NO					
FACULTY / DIVISION / CENTRE						CAMPUS					
POSITION NUMBER						POSITION TITLE					
COST CENTRE				FUND				%			

Period of Employment			
Proposed effective date of conversion ___/___/_____		End date (fixed-term appointments only) ___/___/_____	
Employment Type			
<input type="checkbox"/> Full-time (Continuing)	<input type="checkbox"/> Part-time (Continuing)	Hours per week _____	Fraction _____
<input type="checkbox"/> Full-time (Fixed term)	<input type="checkbox"/> Part-time (Fixed term)	Hours per week _____	Fraction _____
Level and Step:		Annual full-time salary rate \$	
Reason for fixed-term employment			
<input type="checkbox"/> Specific task or project (please complete description in additional comments below)	<input type="checkbox"/> Research	<input type="checkbox"/> Replacement Employee – authorised Leave	<input type="checkbox"/> Replacement Employee – Pending recruitment
<input type="checkbox"/> Recent professional practice required	<input type="checkbox"/> Pre-Retirement contract	<input type="checkbox"/> New organisational area	<input type="checkbox"/> Disestablished organisational area
<input type="checkbox"/> Student Employment	<input type="checkbox"/> Position which is fully funded by external sources not being government operating grants or student fees		
Probation – refer to Workplace Policies and Procedures (WPP) at http://www.adm.monash.edu.au/workplace-policy/performance-development/probation/general.html			
Will a probationary period apply to this position? Yes <input type="checkbox"/> No <input type="checkbox"/>		Length of Probation Period _____	
Qualifications			
Is the appointee required to produce a copy of evidence of any qualifications held?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Superannuation			
UniSuper Defined Benefit Division/ UniSuper Accumulation (2)	<input type="checkbox"/>	<i>(currently 17% employer contribution)</i>	
UniSuper Accumulation (1)	<input type="checkbox"/>	<i>(currently 9% SGC)</i>	
Supervisor Details			
Supervisor's name			
Supervisor's position		Contact Ext No. _____	
ADDITIONAL COMMENTS <i>Please include any specific terms and conditions of employment, which relate to this position</i>			

FOR HR OPERATIONS USE ONLY		
Approved by Deputy Divisional Director Human Resources or nominee		Date ___/___/___
Information checked & confirmed by		Date ___/___/___
Information on Form entered on SAP by		Date ___/___/___
Letter Sent to Staff Member by		Date ___/___/___

For assistance, please contact HR Enquiries on 9902 0400 or alternatively, please visit adm.monash.edu.au/human-resources/

Please return completed form to HR Operations, Monash HR, Monash University, VIC, 3800

HR Services privacy collection statement is located at privacy.monash.edu.au/guidelines/collection-personal-information.html