

Instructions for Completing the Form

The form must be completed, signed and forwarded to HR Operations, Human Resources Division.

1. Please include the cost centre number and fund details - refer <http://www.firm.monash.edu.au/finance/>
2. Please include a position number - refer <http://sssd.adm.monash.edu.au/opm/login.asp>

SECTION 1 – ORGANISATIONAL UNIT & POSITION DETAILS <i>(To be completed by Organisational Unit)</i>												
ORG UNIT TITLE						ORG UNIT NO						
FACULTY / DIVISION / CENTRE						CAMPUS						
POSITION NUMBER						POSITION TITLE						
<input type="checkbox"/> ACADEMIC						<input type="checkbox"/> RESEARCH						
COST CENTRE				FUND				%				

SECTION 2 – VISITOR'S DETAILS												
Quote previous Monash University Personnel Number (if applicable)												
Title		Family Name				Given Name(s)						
Residential Address (in country of origin)						Date of Birth ___/___/____ (DD/MM/YYYY)						
Postcode						Telephone No ___ - _____						
Residential Address (while in Australia)						Telephone No ___ - _____						
Postcode						Gender Female <input type="checkbox"/> Male <input type="checkbox"/>						
Email Address												
Citizenship: Does the visitor have an Australian Citizenship?... Yes <input type="checkbox"/> No <input type="checkbox"/> .												
If No - state the visitor's country of citizenship												
Does the visitor have authority to work in Australia? Yes <input type="checkbox"/> No <input type="checkbox"/> Evidence to be attached												

SECTION 3 – POSITION DETAILS

(A) Period of Visit

Start Date ___/___/____ End Date ___/___/____

(B) Remuneration, Allowances and Costs for Visitor (Yes or No must be ticked – If you tick “Yes”, please provide details in relevant sections (C, D & E) on this form)

Salary	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Fee for Service	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Living away from home allowance					
Food	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Accommodation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Costs Paid/Reimbursed by Department/School					
Food	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Accommodation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
IMAN Insurance	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Paid by Department/School Yes <input type="checkbox"/> No <input type="checkbox"/>
Travel Expenses	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Paid by Department/School Yes <input type="checkbox"/> No <input type="checkbox"/>
Cost of Visa Application	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Paid by Department/School Yes <input type="checkbox"/> No <input type="checkbox"/>

(C) Reason for fixed-term appointment (Monash University Enterprise Agreement (Academic and General) 2000)

<input type="checkbox"/> Specific task or project	<input type="checkbox"/> Research	<input type="checkbox"/> Position which is fully funded by external sources not being government operating grants or student fees
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Employment Type

<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	Hours per week _____	Fraction _____
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Employment Level (Salary)

Pay Scale Group (Classification Level)	Level (Step)	Annual full-time salary rate \$	Annual pro rata salary rate (if applicable) \$
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(D) Fee for Service

Type of payment (please specify)	Amount (total)	Cost code for payment
Single Payment <input type="checkbox"/>	\$.....	

(E) Allowances and/or Benefits

Type of allowance/benefits	Amount (weekly)	Accommodation Details *
Living Away From Home Allowance (paid via Payroll):	
• Total (additional food + accommodation)	\$.....
• Additional Food (only)	\$.....
• Accommodation (only)	\$.....
Costs paid on receipt of invoices or reimbursed on receipt of receipts:	
• Food expenses (invoice/receipts required)	\$.....
• Accommodation expenses (invoice/receipts required)	\$.....

* Accommodation Details section must be completed by Department / School if accommodation is to be provided & paid/reimbursed for your visiting academic

Type of allowance/benefits	Paid directly by department	Reimbursed to visitor
IMAN Insurance	\$.....	\$.....
Travel Expenses (please specify)		
• Airfare <input type="checkbox"/>	\$.....	\$.....
• Kilometric Rate <input type="checkbox"/>	N/A	\$.....

Supervisor Details

Supervisor's name and position

Supervisor's contact number ____ - _____

SECTION 4 – ADDITIONAL COMMENTS <i>Please include any specific terms and conditions which relate to this position</i>

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SECTION 5 – AUTHORISATION OF ORGANISATIONAL UNIT

In recommending this appointment I am satisfied that: -

1. The person named in Section 2 is appropriately qualified and/or experienced to carry out the proposed duties and has the appropriate visa authorisation allowing this appointment;
2. Funds are available and I authorise payment for the specified work.

Authorisation 1 - Head of Department/Organisational Unit	Authorisation 2 – Dean or equivalent
Signature	Signature
Please print name	Please print name
Contact Extension No Date ____ / ____ / ____	Contact Extension No Date ____ / ____ / ____

SECTION 6 – CHECKLIST

Please use the checklist below to ensure all necessary information has been included in the form and the appropriate documentation has been attached.

All Invitations/Appointments

1. Have you included the 6 digit cost centre code, the 7 digit fund code & a position number?
2. Have you included all the required visitor's details?
3. Have you included the start & end date?
4. Have you included payment details?

FOR HR OPERATIONS USE ONLY			
Processed	Date	Checked	Date

For assistance please contact HR Enquiries on ext 20400

Please return completed form to HR Operations, Human Resources Division, Monash University, 710 Blackburn Road, Clayton, 3800

Human Resources Division privacy collection statement is located at <http://privacy.monash.edu/guidelines/collection-personal-information.html#hr>