



**HUMAN RESOURCES
RECOMMENDATION TO OFFER VISITING APPOINTMENT (ACADEMIC TEACHING OR RESEARCH)**

School/Admin dept
Enquiries to Extension

SECTION 1 - POSITION DETAILS

Title of Visiting Appointment
(refer to section 2 of [Policy](#))

Project Title
(if applicable)

Please provide details of the work to be carried out (approx 40 words).

Names of UWA Staff they will collaborate with

SECTION 2 - APPOINTEE DETAILS

Is the appointee: new to the University current/previous employee → Emp. no.

Is the appointee an Australian citizen? Yes No → If no, country of citizenship

Title Family Name Given Names Gender

Preferred First Name

DOB (dd/mm/yy) Telephone No Email

Qualifications Year of Completion of PhD

Residential Address Post Code

Recommended commencement date (dd/mm/yy) End date (dd/mm/yy)

Home Institution

School/Department

Country Job Title

SECTION 3 - REQUIRED ACCOMPANYING DOCUMENTS

Please ensure these documents are submitted to Human Resources (tick boxes to indicate attached)

- CV/Resume**
- Letter from current employer/home university**
A copy of a letter from the visiting academics home university confirming that they are an academic (not a student) and will be taking sabbatical leave for the duration of their visiting academic appointment and confirming that they will be returning to their full-time employment when this visiting appointment ceases.
- Copy of bio data page (photograph page) of passport (if available)**
An appropriate visa must have been obtained to allow commencement of this appointment. This is an Immigration requirement and requires the School's cooperation to ensure that HR is supplied with a clear copy of the photograph page of the passport prior to, or on commencement. This allows HR to do an online check of their visa status.

SECTION 4 - LIVING EXPENSES

Are living expenses to be paid? Yes → per fortnight \$ No → Go to Section 8
If yes, please read notes below.

Will access be provided to School/Centre resources? Yes No

NOTES

- Please specify the fortnightly allowances/instalments to be paid to the visitor.
- If available, please ensure the Visitor's Australian bank account details are entered on the form and if applicable, a Tax File Number Declaration form is attached before forwarding this form to Human Resources.

Reciprocal Tax Provisions

- For countries that hold a Double Tax Agreement ("DTA") with Australia, where a specific Schedule within the DTA pertaining to 'Professors and Teachers' exists, that specifically exempts such individuals from paying Australian income tax on Australian sourced income, such income would be assessable in the individuals home country and not the source country (Australia).
- Where no specific Schedule/exemption exists, such individuals may be subject to income tax on Australian sourced income in the source country (Australia). Where this is the case, such individuals may be required to obtain a Tax File Number ("TFN") from the Australian Taxation Office ("ATO").
- Based on the requirements and work rights attached to specific visas, where the application for a TFN may breach an individual's visa requirements, please contact Financial Services (tax-finserv@uwa.edu.au) prior to applying for a TFN to obtain an individual assessment.

SECTION 5 - DETAILS OF PAYMENT

Start date of payment Amount (AUD) \$

Payment frequency Fortnightly Lump Sum

SECTION 6 - BANK ACCOUNT DETAILS (if available)

Please note that payments cannot be made to credit cards.

Account in the name of Account no.

Name of bank Bank branch

Bank State Branch (BSB) **NB:** payments will be credited to the bank account on the next available pay day

SECTION 7 - ACCOUNTS TO BE CHARGED

Business unit Project/grant Account %

Business unit Project/grant Account %

SECTION 8 - APPROVAL

In approving this appointment and/or payment, I confirm that I am an Approved Delegate and funds are available, and I have adhered to University Finance Manual guidelines (refer http://www.finserv.uwa.edu.au/fin_accounting/finance_manuals/ufm). I also confirm that no other payments are being made to or on behalf of this person.

Name (please print)

Signature of Approved Delegate (see HR Delegations)

Contact number/extension

Date (dd/mm/yy)

Financial Services Use Only

Reciprocal tax provisions Yes No

Tax File Number Declaration Required Yes No

Name

Signature