THE UNIVERSITY OF WESTERN AUSTRALIA

HUMAN RESOURCES
ACCOUNT AND BU/PG CHANGES

This form is to be used where an employee's charging account details are to change.

SECTION 1 - CURRENT DETAILS

Employee Number ☐☐☐☐☐☐☐☐ Family Name ☐

First Names ☐ Extension ☐

School/BU ☐

Position Number ☐☐☐☐☐☐ Position Title ☐

SECTION 2 - CURRENT CHARGING DETAIL

Current Charging Account BU ☐☐☐☐☐ PG ☐☐☐☐☐☐☐☐ ACC ☐☐☐ % ☐

Current Charging Account BU ☐☐☐☐☐ PG ☐☐☐☐☐☐☐☐ ACC ☐☐☐ % ☐

Current Charging Account BU ☐☐☐☐☐ PG ☐☐☐☐☐☐☐☐ ACC ☐☐☐ % ☐

Current Charging Account BU ☐☐☐☐☐ PG ☐☐☐☐☐☐☐☐ ACC ☐☐☐ % ☐

SECTION 3 - NEW CHARGING DETAIL

New Charging Account BU ☐☐☐☐☐ PG ☐☐☐☐☐☐☐☐ ACC ☐☐☐ % ☐

New Charging Account BU ☐☐☐☐☐ PG ☐☐☐☐☐☐☐☐ ACC ☐☐☐ % ☐

New Charging Account BU ☐☐☐☐☐ PG ☐☐☐☐☐☐☐☐ ACC ☐☐☐ % ☐

New Charging Account BU ☐☐☐☐☐ PG ☐☐☐☐☐☐☐☐ ACC ☐☐☐ % ☐

From → Next effective pay period ☐
→ Retrospectively ☐ → Retro Date *(dd/mm/yy)* ☐☐☐☐☐☐

Note: The maximum retro date is the 1st of January of the current year (ie 01/01/20XX).

SECTION 4 - FACULTY OF MEDICINE, DENTISTRY & HEALTH SCIENCES USE ONLY

Position Number 303411 - Applicable to Clinical Academic (Hospital Superannuation) only.

New Charging Account BU ☐☐☐☐☐ PG ☐☐☐☐☐☐☐☐ ACC ☐☐☐ % ☐

New Charging Account BU ☐☐☐☐☐ PG ☐☐☐☐☐☐☐☐ ACC ☐☐☐ % ☐

SECTION 5 - APPROVAL

Name of Approved Delegate *(please print)* ☐

Signature of Approved Delegate (refer HR Delegations) ☐

Date *(dd/mm/yy)* ☐☐☐☐☐☐

Note for Clinical Academics - Changes to PG % for fully/jointly Hospital funded positions also require completion of a 'Funding Arrangements for Clinical Academic Appointee' form.