THE UNIVERSITY OF WESTERN AUSTRALIA

HUMAN RESOURCES
FTE/ROSTER

This form is to be used where an employee's Full-time Equivalent (FTE) or roster details are to change.

SECTION 1 - CURRENT FTE/ROSTER DETAILS

Employee Number | | | | | | | | | Family Name

First Names Ext.

Work Area

Position Number | | | | | | | Position Title

Current FTE **Note**: If employee was nominated for sponsorship by UWA for Temporary residency (Visa - Subclass 457), they can only be employed at 1.0fte.

Current Roster (Hours per day)

M	T	W	Th	F	S	Su	M	T	W	Th	Pay Day F	S	Su

SECTION 2 - NEW FRACTION/ROSTER

Position Number | | | | | | | New FTE

New Roster (Hours per day)

M	T	W	Th	F	S	Su	M	T	W	Th	Pay Day F	S	Su

From *(dd/mm/yy)* | | | | | | | To *(dd/mm/yy)* | | | | | | | →

(If ongoing change, do not complete "To")

After this date, reverts to current roster? ☐ Y ☐ N

If no, please complete and forward to HR Services another FTE/Roster change form 2 weeks prior to end date.

Please note: To meet the RTWB requirements in the General Staff Agreement 2009 (clause 43.7.6) or the Academic Staff Agreement 2009 (clause 28.7.6), employees returning to work after accessing the RTWB must return at an FTE equal to or > 50% of their FTE prior to commencing parental leave.
Also, I understand that if I have a parking deduction the amount will be adjusted in line with the current fees applicable to my FTE.

SECTION 3 - ENDORSEMENT BY EMPLOYEE

I understand that this adjustment does not constitute a change to the conditions of my appointment and all accrued rights and privileges will be preserved and agree to the changes above.

Name *(please print)* Employee's Signature

Date *(dd/mm/yy)* | | | | | | |

SECTION 4 - APPROVAL

Name of Approved Delegate *(please print)* Signature of Approved Delegate (see HR Delegations)

Contact ext. Date *(dd/mm/yy)* | | | | | | |

SECTION 5 - HR SERVICES USE ONLY

☐ Processed in Alesco by Date *(dd/mm/yy)* | | | | | | |