



RENEWAL OF FIXED TERM APPOINTMENT OF SENIOR STAFF

SSG1-SSG6

To be completed no later than 4 months prior to expiry of a fixed term appointment

Appointee Details												
Surname										Employee Number		
Given Name (s)												
Title			(eg. Dr/Miss/Mr/Mrs/Ms)			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female			Date of Birth *			
Address										* Compulsory requirement in obtaining access to QUT systems		
						State		Postcode				
Telephone			()			Mobile						
Appointment Details												
Position Title						Position No			Campus			
Organisational Area									C-Level			
Current End Date						Commencement Date						
Appointee's Supervisor						Supervisor's Position No:						
Supervisor's Position Title												
Salary Details												
Classification – SSG						Management Loading (if applicable) <input type="checkbox"/> <i>Attach justification</i>						
Annual Salary \$						Fortnightly salary (if full-time) \$						
Account Details (Incomplete and invalid account codes will delay processing)												
Finance/Budget Officer (Name & Signature) for each account code												
Account Code 1											%	
Account Code 2											%	
Account Code 2											%	
For enquiries Finance/Budget Officer (Name)						Ext						
<p>Please ensure that the project account you have provided is valid on the Finance System. If the salary is to be paid from Activity Codes 61 the project must have prior approval by the Financial Administration Unit (fax ext 1800) before the appointment can be processed. Please have the form approved before forwarding to Pay Office. Account code checked and verified by Financial Administration Unit.</p>												
Authorising Officer – Financial Administration Unit _____						Date ____ / ____ / ____						
(Signature)												

STEP 1 SUPERVISOR'S RECOMMENDATION

Complete & forward to: **Executive Dean of Faculty/Head of Division**

RECOMMENDATION TO **RENEW** THE FIXED TERM APPOINTMENT (Refer CASS 16.2.2 – fixed term appointments may be renewed at the discretion of the University for periods of up to 5 years)

- The fixed term appointment is recommended for renewal for _____ years.
- The updated position description is attached.

The position continues to be required and the senior staff member is satisfactorily performing the duties and responsibilities of the position as required in his/her appointment as a senior staff member.

RECOMMENDATION TO **NOT RENEW** THE FIXED TERM APPOINTMENT

Tick the appropriate box below to provide the reason for non-renewal:

- The senior staff member is **not satisfactorily** performing all of the duties and responsibilities of the position as required in his/her appointment as a senior staff member; **and/or**
- The position is no longer required by the University.

Additional comments attached

Supervisor's signature: _____/...../.....

STEP 2 RECOMMENDATION

Executive Dean of Faculty/Head of Division (for positions SSG4 – SSG6)

Complete & forward to **Vice-Chancellor for approval**

- Recommendation supported
- Recommendation not supported (additional comments attached)

Executive Dean of Faculty/Head of Division's signature: _____/...../.....

STEP 3 APPROVAL

Executive Dean of Faculty/Head of Division: SSG1 – SSG3 Vice-Chancellor: SSG4 – SSG6

- Recommendation **approved**
- Recommendation **not approved**

Any further action required:

.....

Executive Dean of Faculty/Head of Division/Vice-Chancellor's signature: _____/...../.....

Member of Institute (Only complete if applicable)

Institute		Domain (if applicable)	
Position No (for institute)		Campus/Building	

C-Level **1** _____ * First 6 digits of account code for Institute/Domain

End date / / If different to appointment end date

Approved _____ Date: ____/____/____

Head of Institute

NB: One copy of the completed signed form to be retained by the organisational area before forwarding the original to Human Resources (Lvl 2, Margaret St).