



### Employee Details:

Employee Name \_\_\_\_\_ Employee Number \_\_\_\_\_  
 Position Title \_\_\_\_\_ School/Section \_\_\_\_\_

### Change of Fraction Details:

Proposed Fraction \_\_\_\_\_ Start Date \_\_\_\_\_  
 \_\_\_\_\_ End date \_\_\_\_\_  
 Second Proposed Fraction (if applicable) \_\_\_\_\_ Start Date \_\_\_\_\_  
 \_\_\_\_\_ End Date \_\_\_\_\_

### Proposed Roster

Please specify roster for the fortnight commencing Friday immediately following pay day.

Hours	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs

### Reasons Outlining Need for Fraction Change

**Submit to Supervisor**  
 (if requested by employee)

### Authorisation:

Supervisor \_\_\_\_\_ Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Submit to Executive Director/  
 Dean (Band 7)**

Executive Director/  
 Dean (Band 7) \_\_\_\_\_ Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Submit to HR Service Centre**

### HR Use Only:

- Necessary approvals obtained
  Write to employee
  Acceptance received
  Alesco updated