

ENTERED
DATE 02.04.14 BY [redacted]



Employee Movement Form - Permanent

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An approved 'Validation of Claims Older Than Three Months Form' must be provided in addition to this form if this claim is older than three months from the effective date.

This form is to be completed to document changes to an existing employee's position, status or terms of employment. Please complete all sections indicating N/A where relevant. Employees inherit the characteristics of the positional information (including cost centre). Employees must be moved into a position which is costed appropriately.

Employee Details

Person ID Personnel assignment number (PAN)

Please indicate (✓) here if you work in more than one position in QLD Health.

Title Family name First name/s

Ms **Clarke** **Angela Maree**

Visa Notification (if applicable)

If the employee to whom this movement applies holds a Temporary Business (Long Stay) Subclass 457 Visa, the Department of Immigration and Citizenship (DIAC) must be notified within 10 working days of the transfer to a new location or position.

Email address:

Note: The sponsorship obligations for visa holders are transferred to the new HR Unit (refer HR Policy B46 for details).

Proposed Position

Request to Fill a Vacancy Form attached *Salary maintained @ HP6 for 12 months*

Position Number Position title

3 0 4 7 6 0 9 5 **Speech Pathologist**

Start date Classification Probationary Period

10/02/2014 *3/02/2014 (AD)* **HP5** months

Organisational unit number Organisational unit name

7 2 0 0 4 1 9 5 **AH Non Secure Services**

Facility address Job advertisement reference (if applicable)

Cnr Ellerton Drive and Wolston Park Road

Concurrent/Aggregate: Indicate (✓) here if the employee will continue to hold their existing position in conjunction with the proposed position

New Employment and Payroll Details

Appointment type

Internal temporary employee Internal permanent employee Other public sector employee Priority placement employee

Employment basis Full-time Casual Other Please Specify

Part-time No. part-time hours/fortnight (hh:mm): 38

First Day Contact Name first day contact phone number

Lorraine Dowell

Award/EBA Name

Health Practitioner (Queensland Health) Certified Agreement (No.2) 2011

Staff Movement Details

Reason for vacancy

Position endorsed via Turnaround Plan. Funding recently approved. Substantively vacant.

Work contract

Working arrangements	Shift arrangements	Recreation leave accrual	Reason for additional weeks leave
19 day month (ADO accrual) <input type="checkbox"/>	Single shift only <input checked="" type="checkbox"/>	4 weeks / annum <input checked="" type="checkbox"/>	Working public holidays <input type="checkbox"/>
Standard hours (non ADO accrual) <input checked="" type="checkbox"/>	Two shifts <input type="checkbox"/>	5 weeks / annum <input type="checkbox"/>	Continuous shift work <input type="checkbox"/>
Variable working hours <input type="checkbox"/>	Continuous shift work <input type="checkbox"/>	6 weeks / annum <input type="checkbox"/>	Working with radium (radiographers only) <input type="checkbox"/>
9 day fortnight <input type="checkbox"/>	12 hour shift arrangement applies <input type="checkbox"/>		

Special conditions/Allowances (e.g. RANIP Nurses, uniform, laundry allowance etc.). Please refer to the Payroll and Rostering Intranet Site (PARIS) for more information.

Professional Development Leave and Allowance, Environmental Allowance.

This area is provided for ease of filing