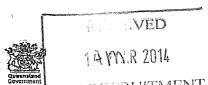
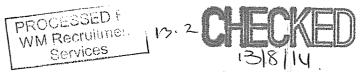
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Employee Movement Form - Permanent Privacy disclaimer: Personal information collected by Queensland Health is handled in accordance with the information Privacy Act 2009. The information provided by you will be securely stored and will be made available to appropriate authorised officers of Queensland Health or agents employed by Queensland Health. Personal information recorded on this form will not be disclosed to other parties without your consent unless required by law. 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** Personnel assignment number (PAN) Person ID Please indicate (v) here if you work in more than one position in QLD Health. Title Family name First name/s Mr WALDER ADRIAN 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. Note: The sponsorship obligations for visa holders are transferred to the new HR Unit (refer HR Policy 846 for details). Proposed Position Request to Fill a Vacancy Form attached Position title Position Number CLINICAL NURSE-HIGH SECURE HIGH ACUITY- DAINTREE 9 7 n Probationary Period Classification Start date months **GRADE 6** N/A 03-02-2014 Organisational unit number Organisational unit name HIGH SECURE HIGH ACUITY- DAINTREE 7 1 5 0 Job advertisement reference (if applicable) Facility address THE PARK CENTRE FOR MENTAL HEALTH 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 Priority placement employee Internal permanent employee Other public sector employee Internal temporary employee DAINTREE **Employment basis** Full-time Other [ Please Specify split be posñ. nos MONOALLLApart-time hours/fortnight (hh:mm): Part-time First day contact phone number First Day Contact Name **FELICITY MORGAN** Award/EBA Name Queensland Health Nurses and Midwives Award - State 2012 - Section C - Psychiatric Hospitals and Eventide H Staff Movement Details Reason for vacancy VACANT Work Contract Recreation leave accrual Reason for additional weeks Shift arrangements Working arrangements 4 weeks / annum Working public holidays V Single shift only [Z] 19 day month (ADO accrual) 1 7 Continuous shift work. **V** 5 weeks / annum Standard hours (non ADO accrual Two shifts Working with radium 6 weeks / annum Variable working hours Continuous shift work (radiographers only) 12 hour shift arrangement 9 day fortnight applies Special conditions/Allowances (e.g. RANIP Nurses, uniform, laundry allowance etc.). Please refer to the Payroll and Rostering Intranet Site (PARIS) for more information.



## Employee Movement Form - Permanent

Person ID	D Pe			rsonnel assignment number (PAN)			
Employee Reference						1	
Work Schedule							
Please indicate (*/) here if this employee works either:  A cyclic roster (where the roster pattern repersent of the pattern repersent repersent of the pattern repersent of the pattern repersent repersent of the pattern repersent repers	ats at		-cyclic roster cycle to the ne		tern that varie	s from	
Please complete the table below using 24 hour time format (e.g. 07:00 - 15:30) to advise the employee's roster for their initial two week period of employment.							
Week one	Weektwo						
Day Start time End time Start time End time (hh:mm) (hh:mm) (hh:mm) (hh:mm) (hh:mm) (hh:mm) (hh:mm) hours (i.e. 7.6)	Day	Start time (hh:mm)	End time (hh:mm)	Meal Start time (hh;mm)	break* End time (hh:mm)	Total daily hours (i.e. 7.6)	
Monday (manny (m	Monday	(Month)	Withint	V. O. D. V. O. V.	Vincining		
Tuesday	Tuesday			244		1	
Wednesday	Wednesday			<u> </u>		j	
Thursday	Thursday			<u></u>			
Friday	Friday					:	
Saturday	Saturday	,				A CONTRACTOR OF THE CONTRACTOR	
Sunday	Sunday					to completely	
Total weekly hours		ALEXE	·····	Tota	l weekly hours	1000	
Where a paid meal break applies, please insert N/A for meal break start and end times.							
Pre-Employment Checks							
Criminal History Check completed*	If Criminal History Check not required, please insert reason below						
(Please attach a copy of email confirmation)	Current QLD Health emphyee						
*In accordance with Queensland Health Criminal Checking policy, no offer of employment can be made un	offer of employment can be made until completion of a relevant criminal history check (refer Queensland Health policy 840 for exclusions)						
Working with Children check (Blue Card)	Status Expiry date			- 1			
(ifapplicable)					<u></u>		
Other (if applicable)	Please specify Status			1			
Other (trappings)					L		
Qualification Payments							
Does the employee possess any approved qualifications that will entitle them to additional payment (e.g. relevant AQF qualifications) under Queensland Health policy?							
No Yes If yes, please provide details here:	······································				* · · · · · · · · · · · · · · · · · · ·		
						į.	
				is a state of the			
QLD Health HR Solution User Access Request status							
		1		□ Vac		<del>i</del>	
Does the employee have/require Workbrain/SAP access?			☐ Yes ⊠ No				
-				Yes			
Does the current access to Workbrain/SAP require a change?				⊠ No			
Lie-Old Descriptions of the Control	-th			Yes			
Has a QLD Health HR Sölütlon User Access Request Form been completed for th	e cnange!			⊠ Not app	licable	2 Î	
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