

20/1  
303

4034



# 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

Person ID: [REDACTED] Personnel assignment number (PAN): [REDACTED] Please indicate (✓) here if you work in more than one position in QLD Health.

Title: Mrs Family name: RAMSEY First name/s: ELAINE

## 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: [REDACTED]

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

Position Number: 3 2 0 0 2 4 6 1 Position title: WARD ADMINISTRATOR

Start date: 03-02-2014 Classification: AO3 Probationary Period: [REDACTED] months

Organisational unit number: 7 0 0 7 1 5 7 5 Organisational unit name: FRANKLIN HIGH SECURE MH

Facility address: THE PARK - CENTRE FOR MENTAL HEALTH, WACOL QLD 4076 Job advertisement reference (if applicable): [REDACTED]

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 [REDACTED]  
 Part-time  No. part-time hours/fortnight (hh:mm): [REDACTED]

First Day Contact Name: Lynda Glasgow MA First day contact phone number: [REDACTED]

Award/EBA Name: District Health Services Employees' Award - State 2012

## Staff Movement Details

Reason for vacancy: Closure of Barrett Adolescent Unit

## 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 type="checkbox"/>  | Two shifts <input type="checkbox"/>                        | 5 weeks / annum <input type="checkbox"/>            | Continuous shift work <input type="checkbox"/>                    |
| Variable working hours <input checked="" 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.



# Employee Movement Form - Permanent

Employee Reference

Person ID

Personnel assignment number (PAN)

## Work Schedule

Please indicate (✓) here if this employee works either:

A cyclic roster (where the roster pattern repeats at regular intervals e.g. fortnightly / monthly)

OR

A non-cyclic roster (a roster pattern that varies from one cycle to the next)

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

| Day                | Start time (hh:mm) | End time (hh:mm) | Meal break*        |                  | Total daily hours (i.e. 7.6) |
|--------------------|--------------------|------------------|--------------------|------------------|------------------------------|
|                    |                    |                  | Start time (hh:mm) | End time (hh:mm) |                              |
| Monday             | 8:00               | 16:06            | 12:00              | 12:30            | 7.6                          |
| Tuesday            | 8:00               | 16:06            | 12:00              | 12:30            | 7.6                          |
| Wednesday          | 8:00               | 16:06            | 12:00              | 12:30            | 7.6                          |
| Thursday           | 8:00               | 16:06            | 12:00              | 12:30            | 7.6                          |
| Friday             | 8:00               | 16:06            | 12:00              | 12:30            | 7.6                          |
| Saturday           |                    |                  |                    |                  |                              |
| Sunday             |                    |                  |                    |                  |                              |
| Total weekly hours |                    |                  |                    |                  | 38                           |

Week two

| Day                | Start time (hh:mm) | End time (hh:mm) | Meal break*        |                  | Total daily hours (i.e. 7.6) |
|--------------------|--------------------|------------------|--------------------|------------------|------------------------------|
|                    |                    |                  | Start time (hh:mm) | End time (hh:mm) |                              |
| Monday             | 8:00               | 16:06            | 12:00              | 12:30            | 7.6                          |
| Tuesday            | 8:00               | 16:06            | 12:00              | 12:30            | 7.6                          |
| Wednesday          | 8:00               | 16:06            | 12:00              | 12:30            | 7.6                          |
| Thursday           | 8:00               | 16:06            | 12:00              | 12:30            | 7.6                          |
| Friday             | 8:00               | 16:06            | 12:00              | 12:30            | 7.6                          |
| Saturday           |                    |                  |                    |                  |                              |
| Sunday             |                    |                  |                    |                  |                              |
| Total weekly hours |                    |                  |                    |                  | 38                           |

\*Where a paid meal break applies, please insert N/A for meal break start and end times.

## Pre-Employment Checks

Criminal History Check completed\* (Please attach a copy of email confirmation)

If Criminal History Check not required, please insert reason below

**Transfer at Level**

\*In accordance with Queensland Health Criminal Checking policy, no offer of employment can be made until completion of a relevant criminal history check (refer Queensland Health policy B40 for exclusions)

Working with Children check (Blue Card) (if applicable)

Status

Expiry date

Other (if applicable)

Please specify

Status

## 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:

## QLD Health HR Solution User Access Request status

|  |  |
|--|--|
| Does the employee have/require Workbrain/SAP access?                                 | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No             |
| Does the current access to Workbrain/SAP require a change?                           | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No             |
| Has a QLD Health HR Solution User Access Request Form been completed for the change? | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> Not applicable |



# Employee Movement Form - Permanent

Employee Reference

Person ID

Personnel assignment number (PAN)

## Supervisor Certification (mandatory completion required)

I certify that I have:

- (where the employee has been appointed to a position from another work unit) successfully negotiated the release date with the line manager of the employee's substantive position
- informed this employee of any changes to their FBT Concession Eligibility status as a consequence of this variation to their employment contract
- discussed with this employee the consequences of this change to their position, employment status, terms of employment and/or roster.

Supervisor's signature

Date

Area code

Contact number

23-01-2014

Supervisor's full name (please print)

Supervisor's position title

Lynda Glasgow

Manager, Administrative Support

## Employee Certification (mandatory completion required - refer note\* below)

I accept the appointment to this position and confirm my acceptance of the change in terms of employment contained in this form. Further, I certify that I have been:

- informed by my line manager of the consequences of any change to the FBT Concession Eligibility status that may result from this variation to my employment contract, and
- made aware of the consequences of this change to my position, employment status, terms of employment and/or roster.

Employee's signature

Date

Signature in lieu\*

23/1/14

\*In exceptional circumstances where the employee is unable to sign this form (as above) the Supervisor may submit this form for processing where it has otherwise been completed in full and details of the reason that the employee cannot sign the form is listed below. The signature of the employee must be provided when they become available to sign the form so that it can be retained as a formal contract of employment.

## Delegate Approval (mandatory completion required)

I, the authorised Delegate for Appointments, approve:

- any increase above the position's AFT as a consequence of this appointment, and
- the above appointment subject to the receipt of acceptable criminal history report (where necessary) in accordance with Section 67 of the Public Service Act 2008 / Section 24 of the Health Services Act 1991 (delete whichever is not applicable).

Delegate's signature

Date

Area code

Delegate's Contact number

23/1/2014

Delegate's full name (please print)

Delegate's position title

Sharon Kelly

Executive Director, Mental Health & Spec Svs

## Processing Area Use Only

Processor's signature

Date

Reviewer's signature

Date

Processed fortnight ending