27-Vacant

| | | Employee M | ovement - Temporary |
|---|---|---|--|
| Greatistd Greatistd | | (Hi | gher Dutles/Acting at Level) |
| it all it is to be used by Quee | (emalique ellecter (the prisand Heal) ore fand ynll be mede avallable to appro- lector (the long ynll not be pictored too Older Than Three Months Form must be provi Island Health employaes and line managers rin an 'at level' or higher dubes capacity. | rii ale authorised officers of Chicernia Liter partes Williaut your consent uni Liter addition to this form if this claim is of | |
| Please refer to HR Policy B28 HIG | her Dulles Section 7.3 in relation to the pays | nent of higher duties on public holidays. | |
| Person ID | | ment number (PAN) | Please Indicate (<) here if you work in more than one position in QLD Health. |
| Hoang | First name/s KIm | V | |
| Visa Novijication (Viannijicabie | | | HARRIST MAT SOOTHER SHARK MATERIAL SHARK S |
| If the employee to whom this moven (OIAC) must be notified within 10 wo Email address: Note: The sponsorship obligations for Proposed: Change Type | ent applies holds a Temporary Business (iking days of the transfer to a new locatio visa holders are transferred to the new H | n or position. R Unit (refer HR Policy 846 for details). | |
| Indicate below if this form relates to eith New Extension | level 🗸 er a new appointment, an extension to an ex Modification | isting appointment or a modification of | a previously documented appointment |
| Request to FIR a Vacancy Form attached | Jt | | |
| 7 Position ID 3 2 0 1 5 5 | 7 5 Occupational | Theranist | Classification (eg. A04) |
| Start date End date | | | Paymentage of allowers |
| Request to FIII a Vacancy Form attached Position ID 3 | Percentage of higher duli provisions of the Public Se Organisational unit nar | | yees under the |
| 7 2 0 0 3 9 | | reatment & Rehab Clinic | al |
| Facility address | | Joba | odvertisement reference (if applicable) |
| Cnr Ellerton Drive and Wo | | | |
| Current occupant (If applicable) | Reason for higher dutie | ************************************** | |
| Zoe Chetwynd | Temporarily e | xceeding AFI | |
| Full-time Part-time | No. of part-time hours / fortnight; | Cancurrent / Aggregate: Plea employee will contidue to hold conjunction with the proposed | their existing position in |
| Health Practitioner (Queensland He | paith) Certified Agreement (No.2) 2 | 1011 | |
| Staff Movement Delaus V | | | |
| Temporary relocation due | to substantive BAC positi | on being abolished. Res | igned effective 28/2/14 |
| Wate Contract the State | | 以前的表現的結構的問題 | |
| Working arrangemenis | Shift arrangements | Recreation leave accrual | Reason for additional weeks leave |
| 19 day month (ADO accrual) | Single shift only | 4 sveeks / annum | Working public holldays |
| Standard hours (non ADO accrual | Two shifts | 5 weeks/annum | Continous shift work |
| Variable working hours | Continuous shift work | 6 weeks / annum | Working with radium (radiographers only) |
| pecial conditions/Allowances (e.g. RANIP Nurser, ur | applies Later to t | ha District and Dashadan Incomes discourse | I Street to the south |
| Professional Development Lea | | ne rayron and kostering Intranet Site (PARI | o) for more information. |
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Employee Movement - Temporary (Higher Dutles/Acting at Level)

| Please indicate (*) has all this regular florates on distribution and provided to the media of t | Employ | " ee Referen | ce | Pei | rson ID | | | | | Personnel as | slanment nur | nber (PAN) | |
|--|---|--|--|--|--|---|-------------------------|--|--|---|----------------------------|---------------|--|
| Pieses inducted (*7) head (*1) as explain frequency of a contract polar of explain repeats at regular intervel's a g. fortraghtly monthly) Please complete the table below using 24 hour time format (eg. 0.000 - 1530) to addits the employee's roster for thetr intill the week period of employment. Week to no Trust day Sinday To tal weekly hours 38 Week to no Trust day Sinday To tal weekly hours 38 Week to no To tal weekly hours 38 Weekle to no Weekle to no To tal weekly hours 38 Weekle to no Weekle to no To tal weekly hours Weekle to no To tal weekly hours Weekle to no To tal weekly hours Weekle to no | | edule de | | | | | | | | | | | |
| response works either regular intervals a.g. containing work works and the semployee's roster for their initial two week period of employment. Week two services are completed for the training two week period of employment. Week two services are considered from the semployee's roster for their initial two week period of employment. Week two services are considered from the semployee's roster for their initial two week period of employment. Week two services are considered from the semployee's roster for their initial two week period of employment. Week two services are considered from the semployee's roster for their initial two week period of employment. Week two services are considered from the semployee's roster for their initial two week period of employment. Services are considered from the semployee's roster for their initial two week period of employment. Services are considered from their forms and their initial two week period of employment. Services are considered from their forms and their initial two week period of employment. Services are considered from their forms and their initial two week period of employment. Services are considered from their services. Services are considered from the services are considered from the employee is seeding release or extension of a previously approved movement from another week until successfully negotated the terms of the apprearment with the line manager of the employee's substitution position. In the considered from the employment and and/or roster and forms and the employee where this charge applies to except period or the position of the proprious and and/or roster and forms and the employee where this charge applies to be interported or substitution to that employment and and/or roster and forms and the employee where this charge applies to | ENERGY E | 是說到是的影響 | | A cyclic rost | ar (where the | netted retor | reo | eals at | A N | | | FMILE-13.11 | 1.11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1 |
| Week one Week two | | | 1 | egular Inter | vals e.g. fortn | ightly/mont | hly) | ſΧΊ | on one | cycle to the | next) | | <u> </u> |
| Monday 8x00 16x30 12x00 12x30 7x6 | Please com | olete the tabl | le below usin | g 24 hour th | me format (eg | j. 07;00 - 15;30 | 0) to | advise the en | nployee's tos | ter for their in | iilal two weel | cpellod of em | ployntent |
| Monday 8,00 16,30 12,00 12,30 7.6 | Week one | ari Pavoreno | elmino-eni- | | A COS A COMPANY OF THE PARTY OF | | 323 | Week two | | | ~~~ | | |
| Mondrody 8100 16;30 12;100 12;30 7.6 Tuesday 8100 16;30 12;00 12;30 7.6 Fildsy 8100 | | | | | | Total daily | | | | | | | Table |
| Tuesday 8;00 16;30 12;00 12;30 7.6 Wednesday 8;00 16;30 12;00 12;30 7.6 Thursday 8;00 16;30 12;00 12;30 7.6 Third 9;00 16;30 12;00 16;30 12;00 12;30 7.6 Third 9;00 16;30 12;30 7.6 | | | | E Nove | 1 | | | Transfer Committee Committee | Minimit. | | | | lloyit ileri |
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| Thursday 8:00 16:30 12:00 12:30 7.6 Friday 8:00 16:30 12:00 12:30 7.6 Saturday Sunday Total weekly hours 38 Total weekly hours 49 Tot | | | | | | } | 4 | | | | ļ | | 7.6 |
| Filiday 8:100 16:30 12:100 12:130 7.6 Saturday Total weekly hours 38 Total weekly hours | | | 16:30 | 12:00 | 12:30 | [| ┨ } | | | 16:30 | 12:00 | | 7.6 |
| Saturday Stunday Total weekly hours 38 Total weekly hours 49 Yes No No No No No No No No No N | / | | 16:30 | 12:00 | 12:30 | | | Thuisday | 8:00 | 16:30 | 12:00 | 12:30 | 7.6 |
| Sunday Total weekly hours 38 Total weekly hours 48 Total weekly hours 49 Total weekly hours 49 | Filday | 8:00 | 16:30 | 12:00 | 12:30 | 7.6 | | Friday | 8;00 | 16:30 | 12:00 | 12:30 | 7.6 |
| Total weekly hours 38 Total weekly hours 40 Yes So No Pes So No Pyes | | | | | | | | Saturday | | | | | |
| There a pard meal breit's postage plant insect MA former librait start and ced binas. Please list here any approved qualifications that this employee possesses that will entitle them to additional payment (e.g. relevant AQF qualifications or nursing credentials) under Queensland Health policy. Please list here any approved qualifications that this employee possesses that will entitle them to additional payment (e.g. relevant AQF qualifications or nursing credentials) under Queensland Health policy. Queensland Press | Sunday | 1 | | 1 | | | 2 | iunday | | 1 | 1 | | |
| Please list here any approved qualifications that this employee possesses that will entitle them to additional payment (e.g., relevant AQF qualifications or nursing credentials) under Queensland Health policy. Consiste employee have/require Workbrain/SAP access? Yes No | <u> </u> | | | Total we | eekly hours | 38 | L | *************************************** | | | Total w | eekly hours | 38 |
| Please list here any approved qualifications that this employee possesses that will entitle them to additional payment (e.g., relevant AQF qualifications or nursing credentials) under Queenland Health policy. QCD[Health HR (St)] Queenland Health policy. Yes No | 1 | | | | | | | | | | | | |
| Does the current access to Workbrain/SAP require a change? Yes No | OCD HEALTH | irsojuj _o | | ss Reque | sijsiaiųs. | | | | | | | | |
| Has a QLD Health His Solution User Access Request Form been completed for the change? Yes Not applicable | Does the emplo | yee have/rec | quire Workbr | oln/SAP acco | 2557 | | | | | _ | _ | | |
| The Visor Cartification (manuation) (completion rectified) The Visor Cartification (manuation) (completion) (| Does the curren | t access to W | orkbrain/SAF | , tednice a ci | nange7 | · | | 72 | | _ | - | | |
| intervisor's full name (please print) Evilor's full name (please print) | Has a QLD Healt | HR Solution | User Access | Request For | m been com | pleted for the | char | nae? | | Е | Yas | | |
| erilfy that I have: where the employee is seeking release or extension of a previously approved movement from another work unit) successfully negotiated the terms of the agreement 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 iscussed with this employee the consequences of this change to their position, employment status, terms of employment and/or roster and informed the employee where this change applies to a temporary employee moving between temporary assignments, of any impact (i.e. the ending or kellhood of extension of their previous contract) as a consequence of accepting appointment to this proposed position. Date Area code Contact number 06/02/14 Supervisor's full name (please print) Team Leader Non Secure Services | | | | · · · · · · · · · · · · · · · · · · · | <u> </u> | 3 3 A | | | ļ | | Not applicat | ile | |
| where the employee is seeking release or extension of a previously approved movement from another work unit) successfully negotiated the terms of the agreement 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 iscussed with this employee the consequences of this change to their position, employment status, terms of employment and/or roster and informed the employee where this change applies to a temporary employee moving between temporary assignments, of any impact (i.e. the ending or kellhood of extension of their previous contract) as a consequence of accepting appointment to this proposed position. Pervisor's signature Date Area code Contact number O6/02/14 Envisor's full name (please print) Supervisor's position title Team Leader Non Secure Services | jpervisori Ger | incation (i | idilalo), | complet | onvegoire | | | | | | | | |
| Dervisor's full name (please print) Supervisor's position title Team Leader Non Secure Services | (where the emplo agreement with nformed this emp discussed with thi nformed the emp | yee is seekin the line mans sloyee of any s employee t loyee where | ager of the er changes to t he conseque this change : | nployee's su helr F8T Cor nces of this applies to a l | ibstant(ve po ncession Eligi change to thi lempurary en | sillon bility status a: eir position, ei iployee movii | s a co mplo ng bi | onsequence o Dyment status etween temp | if this variation, terms of emorary assigni | on to their em aployment an ments, of any | ployment d/or roster an | q | e |
| Supervisor's full name (please print) Orraine Dowell Team Leader Non Secure Services | pervisor's signatu | re | | | Date | | A | rea code | Contact | tnumber | | | |
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Employee Movement - Temporary (Higher Dutles/Acting at Level)

| Gartishtel Greenling | | | (Higher Du | ıtles/Acting at Lev | /eĺ) |
|---|--|----------------------------------|-------------------------------------|--|-----------|
| Employee Reference | Person ID | | Petsonnel assignmen | | |
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| | AND THE PERSON OF THE PERSON O | | | | |
| Employee Confidention (manda | | | | | |
| l agree to the above changes to my emp applicable), t also certify that I have bee • FBT Concession Eligibility status that n | oloyment hours/position, I her n informed by my line manage | eby claim for the extra rem | uneration for hours worked in a | higher duties capacity (where | |
| Dosition, employment status torme of | lay result from this variation to | o my employment contract | | | |
| ended by my line manager with the ap Employee's signature | propriate notice in accordanc | e with award provisions, Date | | | |
| | | 06/02/14 | Supervisor's signature in lieu | լ ս | 7 |
| *In exceptional circumstances where the otherwise been completed in full and de | employee is unable to sign th | J I | Ulsor may submit this form to | |] |
| otherwise been completed in full and del obtained on this form as soon as they be | talls of the reason that the emp come avallable to sign the form | ployee cannot sign the form | a is listed below. The signature of | Processing where it has I the emoloves must be | |
| 1† | | - | | | |
| Currently on recreation le | ave till her resigna | tion takes effect | on 28/2/14. Not avai | lable to sign. | 11/2/ |
| | | | | | |
| gelegate Approval (mandarory co) | DDIEKONTEGDIFEOTERS | | | in the state of th | · |
| the employee's entitlement to recurring al | lowance changes, please com | plate and forward the relev | rant form/s. | 阿斯尼斯尼亚亚洲 | |
| IES / SES Higher Author anti- | | | | | |
| ill the employee be allocated a governmen | n owned motor venicle for pri | vate use or home garaging | during this period of relief? | Yes No 🗌 | - 1 |
| elegate's signature | Oa | te Ar | ea code Delegate's Cor | itact number | |
| | Sharon Kelly | 11/2/14 | | | |
| legate's full name (please print) | xecutive Direct | 'Or - | egate's position title | | |
| Mental Hea | ith & Specialis | ed Services | -24-24 bayword (title | | 1 |
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West Moreton Hospital and Health Service

| Wangiand | | | Estai | | lanagement to Fill Vacan | | | |
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| Rositionidaulis | | | | | | | | |
| ⊠ Frontline | ☐ Non Fronlline | Position Title: Oc | cupational Therapist | - EFTRU | | | | |
| Position ID: 320185 | 76 g | usiness Unit/Division | WMHHS - MH&SS | . Facility/Lo | callon EFTRU - The | Park | | |
| VARROUNDERFE | 活躍黑亚黑流 | | 新出版的 | | | | | |
| ☐ Permanent vacan | cy | | iry Vacancy | ☐ Cast | ial Vacancy | - | | |
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| ☐ Permanent - Req advertise* | to of lean | Higher Dulles/Acting | at Level | ☐ Temporary Agency Staff | Engagement / Contr | actor/ | | |
| Secondment In | | Casual Employee | Start Date: 02/02/ | 2014 End | Dale: 28-2-1 | 4 | | |
| * A Role Description | nusi be provided for | all permanent vacan | cles | | | | | |
| | interesting the | | | | | | | |
| Surname: Hoang | Na | me:Kim | | Pay | Level: HP3 | SALESCO CONTRACTOR OF THE PARTY | | |
| Addinora nyaganoy il | ilaiomilaitiesilä | | | | | | | |
| if permanent position, i | s li substantively vac | cant? | if currently vacant, ho | w long has the po | sillon been vacani? | | | |
| ☐ Yes . ⊠ | No | | Y | eara | Months | 1 | | |
| Background, Service Why is this position | | olal Implications | | | | | | |
| Ms Hoang holds a substantive position with BAC ~ ID: 30469617. BAC closed effective 2/2/2014 Ms Hoang was suitability matched against an OT position with CYMHS Ms Hoang has selected to resign from Qld Health, effective 28/2/14 Ms Hoang has been moved to position 32015575 to enable her exit from the organisation on 28/2/14 while not assigning additional costs to the BAC cost centre after the closure date. Position 3201 5576 has not been filled to capacity during the year. | | | | | | | | |
| What is the rations | le for filling this posi | lion for the period req | uesled? What are the | implications If the | position is not filled? | , | | |

- If this position is filled, will the Business Unit be over the current budgeted FTE?

 EFTRU Under FTE budget YTD report attached.
- is the Business Unit currently within the approved budget?

EFIRN under langet 'MD - report attached.

RECEIVED 1 1 FEB 2014

If this request to fill is for leave relief, is backfill for leave in the approved budget?

Executive Director Mental Health Services

WMHHS EMP Form 11.03.13