



EMPLOYEE ACTION FORM

Received by Supervisor _____
Date _____
Received by Manager _____
Date _____

**** Please complete this information every time**

- | | | |
|---|---|--|
| <input type="checkbox"/> Commencement | <input type="checkbox"/> Authority to make Deductions | <input type="checkbox"/> Change bank account details |
| <input type="checkbox"/> Leave request | <input type="checkbox"/> Change personal details | <input type="checkbox"/> Termination |
| <input type="checkbox"/> Change of status | <input type="checkbox"/> Change emergency contact | |

Start Date _____ Employee Number _____ School / Department _____

Current Status	<input type="checkbox"/> Dr <input type="checkbox"/> Rev <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	
Name	** First	** Surname
Address	Street	
	Suburb	Postcode
Telephone	Home	Mobile
Email		Date of Birth:
Work Status	<input type="checkbox"/> Aust / NZ citizen <input type="checkbox"/> Student visa <input type="checkbox"/> Permanent resident <input type="checkbox"/> Working Holiday Visa <input type="checkbox"/> Visa Expiry Date:	
Emergency contact	Name	Relationship to you
	Phone	Mobile
Bank details	Bank	Account name
	BSB	Account number
 -	
OPTIONAL Second bank account if approved by Payroll	Bank	Account name
	BSB	Account number
 -	
	\$..... (note the amount must be the same each pay cycle)	
Leave request	<input type="checkbox"/> Annual <input type="checkbox"/> Time in lieu <input type="checkbox"/> Long service <input type="checkbox"/> Personal** circle Sick/ carers/ bereavement <input type="checkbox"/> Worker's compensation <input type="checkbox"/> Leave without pay <input type="checkbox"/> Additional PH <input type="checkbox"/> Parental (unpaid) <input type="checkbox"/> Pay in advance Yes / No (3) <input type="checkbox"/> Other.....	
	First day of leave:	Time in lieu: Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/>
	Last day of leave:	Usual day worked:
	Total number of day(s) off: _____ hours:	Number of public holidays during leave:
	AL entitlement as per last pay slip	
	COMMENTS:	
	1. Application for sick leave in excess of one day must be accompanied by a medical certificate signed by a qualified medical practitioner or abide by the conditions of your award. 2. Long service leave must be taken in whole weeks. 3. In order to receive Pay in Advance, this form must arrive at Payroll section at least 2 weeks before the payment is required.	
Payroll deduction	<input type="checkbox"/> Personal Superannuation Contribution \$..... per pay period in addition to SGC	

Termination Date notice given _____	Reason	<input type="checkbox"/> Resignation <input type="checkbox"/> Dismissal <input type="checkbox"/> End of contract <input type="checkbox"/> End of visa <input type="checkbox"/> Retirement <i>** For resignation, please attach letter</i>
_____ Last day at work	Excelsia property returned	<input type="checkbox"/> Keys <input type="checkbox"/> Manuals <input type="checkbox"/> Laptop <i>Final pay will be processed once WI property is returned and signed form returned to payroll</i>
_____	Comments	

Is everything correct? Please turn page over and sign

OFFICE USE ONLY

Change of Status		From	To
Effective Date _____	Position		
<input type="checkbox"/> Commencement <i>(use 'To' section only)</i>	Department		
<input type="checkbox"/> Promotion	Grade / Level		
<input type="checkbox"/> Transfer	Pay rate		
<input type="checkbox"/> Change of Grade	Pattern	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Casual <input type="checkbox"/> Temporary <input type="checkbox"/> AWA <input type="checkbox"/> Salaried <input type="checkbox"/> Annualised Salary (Wage)	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Casual <input type="checkbox"/> Temporary <input type="checkbox"/> AWA <input type="checkbox"/> Salaried <input type="checkbox"/> Annualised Salary (Wage)
<input type="checkbox"/> Change of Pattern	Award increment / Year		
<input type="checkbox"/> Annual Review	Over Award payment		
<input type="checkbox"/> Replacing	Higher duties allowance rate		
.....	Location (Centre Name)		
	Cost Centre Code		
	Comments		

Have you done these?	<input type="checkbox"/> Email account requested/closed <input type="checkbox"/> Phone requested/closed <input type="checkbox"/> Moodle/PC set up/modified/closed <input type="checkbox"/> Staff entered/change status in Talent 2 <input type="checkbox"/> On termination, advise staff for any enquiries regarding superannuation please contact their Superannuation Fund directly <input type="checkbox"/> If the employee has a Salary Packaging Visa Debit Card, the account will be closed 2 weeks after their termination date. Salary packaging payments to a recurring payment will cease as at their last pay
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PRIVACY AND CONFIDENTIALITY

Staff must respect the privacy of colleagues and students, and preserve the confidentiality of information acquired in the course of their work, and not disclose such information to any third party or use for their own benefit outside Excelsia College without the prior written consent of the Managing Director.

Excelsia College complies with the Information Privacy Principles set out in the *Privacy Act 1988* in respect of personal information. These principles are designed to protect the privacy of both staff and students. Therefore, Excelsia College will:

1. only collect personal information that is needed for us to offer our higher education services;
2. normally inform you if we are collecting information about you, why we need to do this, and who we would usually give that sort of information to;
3. do our best to ensure the information we collect from you is relevant, up to date and complete;
4. protect your information against any form of misuse, and prevent unauthorized use or disclosure;
5. maintain a statement of the types of personal information we hold and why we hold it, how long it is kept for, who can access it, and how people should go about getting access to it;
6. give you access to your personal information as held by the College, subject to restrictions in other government legislation;
7. update and amend our records of your personal information when you request such amendment;
8. take reasonable care to check that your information is accurate, up to date and complete, before using it;
9. only use your personal information for the purpose(s) for which it was collected;
10. not use your personal information for any purpose other than that for which it was collected, unless you consent, or the use is necessary to protect you against serious threat, or the use is required by law; and
11. in the case of 10 above, ensure that the recipient only use or disclose your information for the purpose for which it was given.

If you wish to see your staff file, simply contact the Manager Human Resources who will arrange for you to have supervised access within 24 hours.

Approval Signatures	Name	Signature	Date
** Employee			

HR		
Head of School		
Manager		
Academic Director		
Director		
Processed by Payroll		