

Referees

Risto Ala-Outinen
Barrett Adolescent Unit - Nurse Unit Manager.
The Park – Centre for Mental Health, Wacol.
Contact Email: [REDACTED]

Dr. Hanne Gudiksen
Barrett Adolescent Unit – Registrar.
The Park – Centre for Mental Health, Wacol.
Contact Number – [REDACTED]

Sheena Riordian
Child and Youth Mental Health Services. – Registered Nurse.
Contact Details: Phone: [REDACTED]

Celeste Heilbronn
Acceleration Australia – Head Performance Coach.
Contact Details: Phone: (Mob) [REDACTED]

Julie Nuttall
The Townsville Hospital. – Registered Nurse.
Contact Details: Phone: [REDACTED]

Dr. Peter Isdale
The Institute For Molecular Bioscience. – Chief Executive.
Contact Details: Phone: [REDACTED]

Liz Howlett
Australian Institute of Marine Science – Secretary
Contact Details: Phone: [REDACTED]

"BP-2"

Exhibit to statutory declaration of Brenton Page

Periods of employment as a Registered Nurse at BAC

| Position | Title | Date Commence | Date Cease | Document Reference |
|----------|------------|---------------|------------|---------------------|
| | RN Adol WT | 24/04/2010 | 13/06/2010 | WMS.5000.0037.00009 |
| | RN Adol WT | 14/06/2010 | 04/07/2010 | WMS.5000.0037.00011 |
| | RN Adol WT | 05/07/2010 | 12/08/2010 | WMS.5000.0037.00013 |
| | RN Adol WT | 13/09/2010 | 26/09/2010 | WMS.5000.0037.00015 |
| | RN Adol WT | 27/09/2010 | 03/10/2010 | WMS.5000.0037.00017 |
| | RN Adol WT | 04/10/2010 | 17/10/2010 | WMS.5000.0037.00019 |
| | RN Adol WT | 08/11/2010 | 05/12/2010 | WMS.5000.0037.00021 |
| | RN Adol WT | 21/02/2011 | 27/03/2011 | WMS.5000.0037.00023 |
| | RN Adol WT | 02/05/2011 | 22/05/2011 | WMS.5000.0037.00025 |
| | RN Adol WT | 23/05/2011 | 26/06/2011 | WMS.5000.0037.00027 |
| | RN Adol WT | 27/06/2011 | 24/07/2011 | WMS.5000.0037.00029 |
| | RN Adol WT | 25/07/2011 | 04/09/2011 | WMS.5000.0037.00031 |
| | RN Adol WT | 05/09/2011 | 30/10/2011 | WMS.5000.0037.00033 |
| | RN Adol WT | 31/10/2011 | 27/11/2011 | WMS.5000.0037.00035 |
| | RN Adol WT | 28/11/2011 | 25/12/2011 | WMS.5000.0037.00037 |
| | RN Adol WT | 26/12/2011 | 22/01/2012 | WMS.5000.0037.00039 |
| | RN Adol WT | 23/01/2012 | 05/02/2012 | WMS.5000.0037.00041 |
| | RN Adol WT | 06/02/2012 | 04/03/2012 | WMS.5000.0037.00043 |
| | RN Adol WT | 05/03/2012 | 24/06/2012 | WMS.5000.0037.00045 |
| | RN Adol WT | 25/06/2012 | 22/07/2012 | WMS.5000.0037.00047 |
| | RN Adol WT | 25/06/2012 | 08/07/2012 | WMS.5000.0037.00076 |
| | RN Adol WT | 23/07/2012 | 19/08/2012 | WMS.5000.0037.00079 |
| | RN Adol WT | 20/08/2012 | 30/09/2012 | WMS.5000.0037.00083 |
| | RN Adol WT | 01/10/2012 | 11/11/2012 | WMS.5000.0037.00090 |
| | RN Adol WT | 12/11/2012 | 10/02/2013 | WMS.5000.0037.00086 |
| | RN Adol WT | 11/02/2013 | 12/05/2013 | WMS.5000.0037.00094 |
| | RN Adol WT | 13/05/2013 | 18/08/2013 | WMS.5000.0037.00098 |
| | RN Adol WT | 19/08/2013 | 15/09/2013 | WMS.5000.0037.00105 |
| | RN Adol WT | 19/08/2013 | 29/12/2013 | WMS.5000.0037.00053 |
| | RN Adol WT | 30/09/2013 | 29/12/2013 | WMS.5000.0037.00115 |
| | RN Adol WT | 30/12/2013 | 26/01/2014 | WMS.5000.0037.00125 |

Queensland
Government

28-Jun-2010 02:35 PM Administration 32718550

32718550

1/4

Employee Movement - Temporary
(Higher Duties/Acting at Level)

Privacy disclaimer:

The collection of personal information on this form is authorised under the Public Service Act 2008. Your personal information will not be disclosed to other parties without your consent unless required by law. Use of personal information on this form is restricted to those involved in the authorisation and processing of this form.

This form is to be used by Queensland Health employees and line managers to document a temporary change to an employee's existing position or temporary appointment to a position other than an 'at level' or higher duties capability.

Employee Details

| | | | |
|-------------------|------------------------------------|---|--|
| Person ID | Personnel assignment number | Please indicate (✓) here if you work in more than one position in QLD Health. | |
| | | <input type="checkbox"/> | |
| Family name | First name/s | | |
| PAGE | BRENTON | | |
| Position title | Area code | Contact telephone number | |
| REGISTERED NURSE | (07) | | |
| Organisation unit | Location | | |
| CASUAL POOL | THE PARK: CENTRE FOR MENTAL HEALTH | | |

Substantive Position Details

| | | |
|--|--|--|
| Position ID | Position title | Classification (eg. AO4) |
| | REGISTERED NURSE | GRADE 5 |
| Organisation unit | Location | |
| CASUAL POOL | THE PARK: CENTRE FOR MENTAL HEALTH | |
| Position type basis | | |
| Permanent full-time <input type="checkbox"/> | Temporary full-time <input type="checkbox"/> | Casual <input checked="" type="checkbox"/> |
| Permanent part-time <input type="checkbox"/> | Temporary part-time <input type="checkbox"/> | No. part-time hours / fortnight: |

Proposed Position Details

| | | | | |
|----------------------------------|--|---------------------------------|--|---|
| New <input type="checkbox"/> | Extend <input type="checkbox"/> | Modify <input type="checkbox"/> | Type: Higher duties <input type="checkbox"/> | Acting at level <input checked="" type="checkbox"/> |
| Position ID | Position title | Classification (eg. AO4) | | |
| | REGISTERED NURSE | GRADE 5 | | |
| Organisation unit | Location | | | |
| BARRETT ADOLESCENT UNIT | THE PARK: CENTRE FOR MENTAL HEALTH | | | |
| Start date | End date | Percentage of position assumed | Percentage of allowance | |
| 24TH MAY 2010 | 13TH JUNE 2010 | 100 % | | |
| Current occupant (if applicable) | Reason for higher duties / acting at level | | | |
| | VACANCY | | | |

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

Employment basis

Temporary full-time ☒ Temporary part-time ☐ Casual ☐ No. part-time hours / fortnight:

Staff Movement Details

| | | |
|--------------------|---|------------------------------|
| Reason for vacancy | Job advertisement reference (if applicable) | Closing date (if applicable) |
| VACANCY | | |

Work Contract

| | | | |
|--|---|--|---|
| Working arrangements (Full time employees only) | Shift arrangements | Recreation leave accrual | Reason for additional weeks leave |
| 19 day month (ADO accrual) <input checked="" type="checkbox"/> | Single shift only <input type="checkbox"/> | Four weeks / annum <input type="checkbox"/> | Working public holidays <input type="checkbox"/> |
| Variable working hours <input type="checkbox"/> | Two shifts <input type="checkbox"/> | Five weeks / annum <input checked="" type="checkbox"/> | Continuous shift work <input checked="" type="checkbox"/> |
| Nine day fortnight <input type="checkbox"/> | Continuous shift work <input checked="" type="checkbox"/> | Six weeks / annum <input type="checkbox"/> | Working with radium (radiographers only) <input type="checkbox"/> |
| Standard hours (non ADO accrual) <input type="checkbox"/> | | | |

Special conditions (e.g. 12 hour shift arrangements, RNIP Nurses, etc.). Please refer to the Payroll and Rostering Intranet Site (PARIS) for more information.

08-Jun-2010 02:35 PM Administration 32718550

2/4

32718550



Employee Movement - Temporary (Higher Duties/Acting at Level)

Work Schedule

Please complete the table below using 24 hour time format (eg, 07:00 - 16:30) to advise the employee's roster for their initial two week period of employment.

Standard hours of work/week

Allowances (eg, uniforms, laundry, etc)

38

Week one

| Day | Start time (hh:mm) | End time (hh:mm) | Meal break* | | Total daily hours |
|--------------------|-----------------------|---------------------|-----------------------|---------------------|----------------------|
| | | | Start time (hh:mm) | End time (hh:mm) | |
| Monday | 7:00 | 15:00 | | | 8 |
| Tuesday | 7:00 | 15:00 | | | 8 |
| Wednesday | 7:00 | 15:00 | | | 8 |
| Thursday | 7:00 | 15:00 | | | 8 |
| Friday | 7:00 | 15:00 | | | 8 |
| Saturday | | | | | |
| Sunday | | | | | |
| Total weekly hours | | | | | |

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

Week two

| Day | Start time (hh:mm) | End time (hh:mm) | Meal break* | | Total daily hours |
|--------------------|-----------------------|---------------------|-----------------------|---------------------|----------------------|
| | | | Start time (hh:mm) | End time (hh:mm) | |
| Monday | 7:00 | 15:00 | | | 8 |
| Tuesday | 7:00 | 15:00 | | | 8 |
| Wednesday | 7:00 | 15:00 | | | 8 |
| Thursday | 7:00 | 15:00 | | | 8 |
| Friday | 7:00 | 15:00 | | | 8 |
| Saturday | | | | | |
| Sunday | | | | | |
| Total weekly hours | | | | | |

Qualification Payments

Please list here any approved qualification that this employee possesses that will entitle them to additional payment (eg, relevant AQF qualifications or nursing credentials under Queensland Health policy).

Supervisor Certification

I certify 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;
- discussed 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 (ie, the ending or likelihood of extension of their previous contract) as a consequence of accepting appointment to this proposed position.

Supervisor's signature

Date

Area code

Contact number

21/5/10

(07)

Supervisor's position title

Nurse Manager

Employee Certification

I agree to the above changes to my employment hours/position. I hereby claim for the extra remuneration for hours worked in a higher duties capacity (where applicable). I also certify that I have been informed by my line manager/supervisor of the consequences of this change to my:

- FBT Concession Eligibility status that may result from this variation to my employment contract; and
- position, employment status, terms of employment and/or roster. I also acknowledge that as this appointment is of a temporary nature, the contract may be ended by my line manager with the appropriate notice in accordance with award provisions.

Employee's signature

AS PER PHONE

Date

3 JUN 2010

PAYROLL

Delegate Approval

If the employee's entitlement to recurring allowance changes, please complete and forward the relevant form/s.

SES Higher Duties only:

Indicate here (✓) if the employee will receive the benefit of private use of a government owned motor vehicle (with the exception of home garaging).

Delegate's signature

Date

Area code

Contact number

21.5.10

(07)

8554

Delegate's full name (please print)

Delegate's position title

B/DOL

Processing Area Use Only

Processor's signature

Date

Reviewer's signature

Date

Processed fortnight ending

30.7.10

lv_omp_mov_hlgr_dut_March2010v2

2 of 2

Already processed

08-Jun-2010 02:35 PM Administration

3/4



Employee Movement - Temporary (Higher Duties/Acting at Level)

Privacy disclaimer:

The collection of personal information on this form is authorised under the Public Service Act 2008. Your personal information will not be disclosed to other parties without your consent unless required by law. Use of personal information on this form is restricted to those involved in the authorisation and processing of this form.

This form is to be used by Queensland Health employees and line managers to document a temporary change to an employee's existing position or temporary appointment to a position either in an 'at level' or higher duties capability.

Employee Details

| | | |
|-------------------|-----------------------------------|---|
| Person ID | Personnel assignment number | Please indicate (✓) here if you work in more than one position in QLD Health. |
| [REDACTED] | [REDACTED] | <input type="checkbox"/> |
| Family name | First name/s | |
| PAGE | BRENTON | |
| Position title | Area code | Contact telephone number |
| REGISTERED NURSE | (07) | [REDACTED] |
| Organisation unit | Location | |
| CASUAL POOL | THE PARK-CENTRE FOR MENTAL HEALTH | |

Substantive Position Details

| | | |
|--|--|---|
| Position ID | Position title | Classification (eg. AO4) |
| [REDACTED] | REGISTERED NURSE | GRADE 5 |
| Organisation unit | Location | |
| CASUAL POOL | THE PARK-CENTRE FOR MENTAL HEALTH | |
| Position type basis | | |
| Permanent full-time <input type="checkbox"/> | Temporary full-time <input type="checkbox"/> | Casual <input checked="" type="checkbox"/> |
| Permanent part-time <input type="checkbox"/> | Temporary part-time <input type="checkbox"/> | No. part-time hours / fortnight: [REDACTED] |

Proposed Position Details

| | | | | |
|----------------------------------|--|--|--|--|
| New <input type="checkbox"/> | Extend <input type="checkbox"/> | Modify <input checked="" type="checkbox"/> | Type: Higher duties <input type="checkbox"/> | Acting at level <input type="checkbox"/> |
| Position ID | Position title | Classification (eg. AO4) | | |
| [REDACTED] | REGISTERED NURSE | GRADE 5 | | |
| Organisation unit | Location | | | |
| BARRETT ADOLESCENT UNIT | THE PARK-CENTRE FOR MENTAL HEALTH | | | |
| Start date | End date | Percentage of position assumed | | |
| 14-08-2010 | 04-07-2010 | 100 % | | |
| Current occupant (if applicable) | Reason for higher duties / acting at level | Percentage of allowance | | |
| [REDACTED] | [REDACTED] | [REDACTED] | | |

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

Employment basis

| | | | |
|---|--|---------------------------------|---|
| Temporary full-time <input checked="" type="checkbox"/> | Temporary part-time <input type="checkbox"/> | Casual <input type="checkbox"/> | No. part-time hours / fortnight: [REDACTED] |
|---|--|---------------------------------|---|

Staff Movement Details

| | | |
|--------------------|---|------------------------------|
| Reason for vacancy | Job advertisement reference (if applicable) | Closing date (if applicable) |
| VACANCY | [REDACTED] | [REDACTED] |

Work Contract

| | | | |
|--|---|--|---|
| Working arrangements (Full time employees only) | Shift arrangements | Recreation leave accrual | Reason for additional weeks leave |
| 10 day month (ADO accrual) <input checked="" type="checkbox"/> | Single shift only <input type="checkbox"/> | Four weeks / annum <input type="checkbox"/> | Working public holidays <input type="checkbox"/> |
| Variable working hours <input type="checkbox"/> | Two shifts <input type="checkbox"/> | Five weeks / annum <input checked="" type="checkbox"/> | Continuous shift work <input checked="" type="checkbox"/> |
| Nine day fortnight <input type="checkbox"/> | Continuous shift work <input checked="" type="checkbox"/> | Six weeks / annum <input type="checkbox"/> | Working with radium (radiographers only) <input type="checkbox"/> |
| Standard hours (non ADO accrual) <input type="checkbox"/> | | | |

Special conditions (e.g. 12 hour shift arrangements, RANIP Nurses, etc.). Please refer to the Payroll and Rostering Intranet Site (PARIS) for more information.

08-Jun-2010 02:35 PM Administration

A

4/4



Employee Movement - Temporary (Higher Duties/Acting at Level)

Work Schedule

Please complete the table below using 24 hour time format (eg, 07:00 - 15:30) to advise the employee's roster for their initial two week period of employment.

Standard hours of work/week Allowances (eg, uniforms, laundry, etc)

| | |
|----|--|
| 40 | |
|----|--|

| Week one | | | | | | Week two | | | | | |
|--------------------|-----------------------|---------------------|-----------------------|---------------------|----------------------|--------------------|-----------------------|---------------------|-----------------------|---------------------|----------------------|
| Day | Start time (hh:mm) | End time (hh:mm) | Meal break* | | Total daily hours | Day | Start time (hh:mm) | End time (hh:mm) | Meal break* | | Total daily hours |
| | | | Start time (hh:mm) | End time (hh:mm) | | | | | Start time (hh:mm) | End time (hh:mm) | |
| Monday | 07:00 | 15:00 | | | 8 | Monday | 07:00 | 15:00 | | | 8 |
| Tuesday | 07:00 | 15:00 | | | 8 | Tuesday | 07:00 | 15:00 | | | 8 |
| Wednesday | 07:00 | 15:00 | | | 8 | Wednesday | 07:00 | 15:00 | | | 8 |
| Thursday | 07:00 | 15:00 | | | 8 | Thursday | 07:00 | 15:00 | | | 8 |
| Friday | 07:00 | 15:00 | | | 8 | Friday | 07:00 | 15:00 | | | 8 |
| Saturday | RO | RO | | | 0 | Saturday | RO | RO | | | 0 |
| Sunday | RO | RO | | | 0 | Sunday | RO | RO | | | 0 |
| Total weekly hours | | | | | 40 | Total weekly hours | | | | | 40 |

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

Qualification Payments

Please list here any approved qualification that this employee possesses that will entitle them to additional payment (eg, relevant AQF qualifications or nursing credentials under Queensland Health policy).

Supervisor Certification

I certify 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;
- discussed with this employee the consequences of this change to their position, employment status, terms of employment end/or roster; and
- informed the employee where this change applies to a temporary employee moving between temporary assignments, of any impact (ie, the ending or likelihood of extension of their previous contract) as a consequence of accepting appointment to this proposed position.

| | | | |
|---------------------------------------|------------|-----------------------------|----------------|
| Supervisor's signature | Date | Area code | Contact number |
| | 03-06-2010 | (07) | |
| Supervisor's full name (please print) | | Supervisor's position title | |
| | | A/Nurse Manager | |

Employee Certification

I agree to the above changes to my employment hours/position. I hereby claim for the extra remuneration for hours worked in a higher duties capacity (where applicable). I also certify that I have been informed by my line manager/supervisor of the consequences of this change to my:

- FBT Concession Eligibility status that may result from this variation to my employment contract; and
- position, employment status, terms of employment and/or roster. I also acknowledge that as this appointment is of a temporary nature, the contract may be ended by my line manager with the appropriate notice in accordance with award provisions.

| | |
|-------------------------|------------|
| Employee's signature | Date |
| <i>As per telephone</i> | 03-06-2010 |

Delegate Approval

If the employee's entitlement to recurring allowance changes, please complete and forward the relevant form to the relevant authority.

SES Higher Duties only:

Indicate here (✓) if the employee will receive the benefit of private use of a government owned motor vehicle (with the exception of home garaging).

| | | | |
|-------------------------------------|------------|---------------------------|----------------|
| Delegate's signature | Date | Area code | Contact number |
| | 03-08-2010 | (07) | |
| Delegate's full name (please print) | | Delegate's position title | |
| Pamela Helen Beavis | | A/Director of Nursing | |

Processing Area Use Only

| | | | | |
|-----------------------|---------|----------------------|------|----------------------------|
| Processor's signature | Date | Reviewer's signature | Date | Processed fortnight ending |
| | 30-7-10 | | | |

lv_emp_mov_hlgt_dut_March2010/2

2 of 2

Already processed

Queensland
Government

06-Jul-2010 02:36 PM Administration

1/2

URGENT

Employee Movement - Temporary
(Higher Duties/Acting at Level)

Privacy disclaimer:

The collection of personal information on this form is authorised under the Public Service Act 2008. Your personal information will not be disclosed to other parties without your consent unless required by law. Use of personal information on this form is restricted to those involved in the authorisation and processing of this form.

This form is to be used by Queensland Health employees and line managers to document a temporary change to an employee's existing position or temporary appointment to a position either in an 'at level' or higher duties capability.

Employee Details

Person ID

[REDACTED]

Personnel assignment number

[REDACTED]

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

☐

Family name

PAGE

First name/s

Branton

Proposed Position Details

New

☐

Extend

☐

Modify

☒

Type:

Higher duties

☒

Acting at level

☐

Position ID

[REDACTED]

Position title

REGISTERED NURSE

Classification (eg. AO4)

GRADE 6

Organisational unit number

70071571

Organisational unit name

BARRETT ADOLESCENT UNIT

Location

The Park - Centre for Mental Health

Job advertisement reference (if applicable)

Start date

05-07-2010

End date

12-08-2010

Percentage of position assumed

100

%

Percentage of allowance

%

Current occupant (if applicable)

[REDACTED]

Reason for higher duties / acting at level

[REDACTED]

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

☐

Employment basis

Temporary full-time

☒

Temporary part-time

☐

Casual

☐

No. part-time hours / fortnight:

[REDACTED]

Staff Movement Details

Reason for vacancy

Covers Registered Nurse vacancy

Work Contract

Working arrangements
(Full time employees only)

19 day month (ADO accrual)

☒

Variable working hours

☐

Nine day fortnight

☐
Standard hours (non ADO
accrual)
☐

Shift arrangements

Single shift only

☐

Two shifts

☐

Continuous shift work

☒
12 hour shift arrangement
applies
☐

Recreation leave accrual

Four weeks / annum

☐

Five weeks / annum

☒

Six weeks / annum

☐
Reason for additional
weeks leave

Working public holidays

☐

Continuous shift work

☒
Working with radium
(radiographers only)
☐

Other (Please refer to the Payroll and Rostering Intranet Site (PARIS) for more information)

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)
☐

06-Jul-2010 02:36 PM Administration 32718550

32718550

2/2



Employee Movement - Temporary (Higher Duties/Acting at Level)

Employee Reference

Person ID

Personnel assignment number

[Redacted]

[Redacted]

Work Schedule cont.

Please complete the table below using 24 hour time format (eg. 07:00 - 16:30) 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 |
|--------------------|-----------------------|---------------------|-----------------------|---------------------|----------------------|
| | | | Start time (hh:mm) | End time (hh:mm) | |
| Monday | As per | BAU | Roster | | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |
| Total weekly hours | | | | | 40 |

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

Week two

| Day | Start time (hh:mm) | End time (hh:mm) | Meal break* | | Total daily hours |
|--------------------|-----------------------|---------------------|-----------------------|---------------------|----------------------|
| | | | Start time (hh:mm) | End time (hh:mm) | |
| Monday | As per | BAU | Roster | | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |
| Total weekly hours | | | | | 40 |

Qualification Payments

Please list here any approved qualification that this employee possesses that will entitle them to additional payment (eg. relevant AQF qualifications or nursing credentials) under Queensland Health policy.

[Redacted]

Supervisor Certification

I certify 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;
- discussed 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 (ie. the ending or likelihood of extension of their previous contract) as a consequence of accepting appointment to this proposed position.

Supervisor's signature

Date

Area code

Contact number

[Redacted]

05-07-2010

(07)

[Redacted]

Supervisor's full name (please print)

Supervisor's position title

[Redacted]

A/Nurse Manager

Employee Certification

I agree to the above changes to my employment hours/position. I hereby claim for the extra remuneration for hours worked in a higher duties capacity (where applicable). I also certify that I have been informed by my line manager/supervisor of the consequences of this change to my:

- FBT Concession Eligibility status that may result from this variation to my employment contract; and
- position, employment status, terms of employment and/or roster. I also acknowledge that as this appointment is of a temporary nature, the contract may be ended by my line manager with the appropriate notice in accordance with award provisions.

Employee's signature

Date

[Redacted]

15-06-2010

Delegate Approval

If the employee's entitlement to recurring allowance changes, please complete and forward the relevant form/s.

SES Higher Duties only:

Indicate here (✓) if the employee will receive the benefit of private use of a government owned motor vehicle (with the exception of home garaging).

Delegate's signature

Date

Area code

Contact number

[Redacted]

08-07-2010

(07)

[Redacted]

Delegate's full name (please print)

Delegate's position title

Pamela Helen Baavls

A/Director of Nursing

Processing Area Use Only

Director's signature

Date

Reviewer's signature

Date

Processed fortnight ending

[Redacted]

30-7-10

[Redacted]

[Redacted]

[Redacted]

Int_emp_mov_high_dut/June2010/ys

2 of 2

Workbrain Roster Extended



16-Sep-2010 11:22 AM Administration

A

1/2



COPY

Employee Movement - Temporary (Higher Duties/Acting at Level)

Privacy disclaimer:

The collection of personal information on this form is authorised under the Public Service Act 2008. Your personal information will not be disclosed to other parties without your consent unless required by law. Use of personal information on this form is restricted to those involved in the authorisation and processing of this form.

This form is to be used by Queensland Health employees and line managers to document a temporary change to an employee's existing position or temporary appointment to a position either in an 'at level' or higher duties capability.

Employee Details

| | | |
|-----------------------------------|---|--|
| Person ID <input type="text"/> | Personnel assignment number <input type="text"/> | Please indicate (✓) here if you work in more than one position in QLD Health. <input type="checkbox"/> |
| Family name PAGE | First name/s Branton | |

Proposed Position Details

| | | | | |
|---|---|---|---|--|
| New <input type="checkbox"/> | Extend <input type="checkbox"/> | Modify <input checked="" type="checkbox"/> | Type: Higher duties <input checked="" type="checkbox"/> | Acting at level <input type="checkbox"/> |
| Position ID <input type="text"/> | Position title REGISTERED NURSE | Classification (eg. AO4) GRADE 5 | | |
| Organisational unit number 70071571 | Organisational unit name BARRÉTT ADOLESCENT UNIT | | | |
| Location The Park - Centre for Mental Health | | Job advertisement reference (if applicable) <input type="text"/> | | |
| Start date 13-09-2010 | End date 26-09-2010 | Percentage of position assumed 100 % | Percentage of allowance % | |
| Current occupant (if applicable) <input type="text"/> | | Reason for higher duties / acting at level <input type="text"/> | | |
| Concurrent/Aggregator: Indicate (✓) here if the employee will continue to hold their existing position in conjunction with the proposed position <input type="checkbox"/> | | | | |
| Employment basis | | | | |
| Temporary full-time <input checked="" type="checkbox"/> | Temporary part-time <input type="checkbox"/> | Casual <input type="checkbox"/> | No. part-time hours / fortnight: <input type="text"/> | |

Staff Movement Details

| |
|---|
| Reason for vacancy Covers Registered Nurse vacancy |
|---|

Work Contract

| | | | |
|---|--|---|--|
| Working arrangements (Full time employees only) | Shift arrangements | Recreation leave accrual | Reason for additional weeks leave |
| 19 day month (ADO accrual) <input checked="" type="checkbox"/> Variable working hours <input type="checkbox"/> Nine day fortnight <input type="checkbox"/> Standard hours (non ADO accrual) <input type="checkbox"/> | Single shift only <input type="checkbox"/> Two shifts <input type="checkbox"/> Continuous shift work <input checked="" type="checkbox"/> 12 hour shift arrangement applies <input type="checkbox"/> | Four weeks / annum <input type="checkbox"/> Five weeks / annum <input checked="" type="checkbox"/> Six weeks / annum <input type="checkbox"/> | Working public holidays <input type="checkbox"/> Continuous shift work <input checked="" type="checkbox"/> Working with radium (radiographers only) <input type="checkbox"/> |

Other (Please refer to the Payroll and Rostering Intranet Site (PARIS) for more information)

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) ☐

16-Sep-2010 11:22 AM Administration

2/2



COPY

Employee Movement - Temporary (Higher Duties/Acting at Level)

Employee Reference

Person ID

Personnel assignment number

Work Schedule cont.

Please complete the table below using 24 hour time format (eg. 07:00 - 18:30) 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 |
|--------------------|-----------------------|---------------------|-----------------------|---------------------|----------------------|
| | | | Start time (hh:mm) | End time (hh:mm) | |
| Monday | As per | BAU | Roster | | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |
| Total weekly hours | | | | | 40 |

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

Week two

| Day | Start time (hh:mm) | End time (hh:mm) | Meal break* | | Total daily hours |
|--------------------|-----------------------|---------------------|-----------------------|---------------------|----------------------|
| | | | Start time (hh:mm) | End time (hh:mm) | |
| Monday | As per | BAU | Roster | | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |
| Total weekly hours | | | | | 40 |

Qualification Payments

Please list here any approved qualification that this employee possesses that will entitle them to additional payment (eg. relevant AQF qualifications or nursing credential(s) under Queensland Health policy).

Supervisor Certification

I certify 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;
- discussed 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 (ie. the ending or likelihood of extension of their previous contract) as a consequence of accepting appointment to this proposed position.

Supervisor's signature

Date

Area code

Contact number

08-09-2010

(07)

Supervisor's full name (please print)

Supervisor's position title

Graham Dyer

Nurse Manager

Employee Certification

I agree to the above changes to my employment hours/position. I hereby claim for the extra remuneration for hours worked in a higher duties capacity (where applicable). I also certify that I have been informed by my line manager/supervisor of the consequences of this change to my:

- FBT Concession Eligibility status that may result from this variation to my employment contract; and
- position, employment status, terms of employment and/or roster. I also acknowledge that as this appointment is of a temporary nature, the contract may be ended by my line manager with the appropriate notice in accordance with award provisions.

Employee's signature

Date

9/9/10

Delegate Approval

If the employee's entitlement to recurring allowance changes, please complete and forward the relevant form/s.

SES Higher Duties only:

Indicate here (✓) if the employee will receive the benefit of private use of a government owned motor vehicle (with the exception of home garaging).

☐

Delegate's signature

Date

Area code

Contact number

8-9-10

(07)

Delegate's full name (please print)

Delegate's position title

A/Director of Nursing

Processing Area Use Only

Processor's signature

Date

Reviewer's signature

Date

Processed fortnight ending



Employee Movement - Temporary (Higher Duties/Acting at Level)

Privacy disclaimer:

The collection of personal information on this form is authorised under the Public Service Act 2008. Your personal information will not be disclosed to other parties without your consent unless required by law. Use of personal information on this form is restricted to those involved in the authorisation and processing of this form.

This form is to be used by Queensland Health employees and line managers to document a temporary change to an employee's existing position or temporary appointment to a position either in an 'at level' or higher duties capability.

Employee Details

| | | |
|-------------------------|---|--|
| Person ID [REDACTED] | Personnel assignment number [REDACTED] | Please indicate (✓) here if you work in more than one position in QLD Health. <input type="checkbox"/> |
| Family name PAGE | First name/s BRENTON | |

Proposed Position Details

| | | | | |
|---|--|---|--|--|
| New <input type="checkbox"/> | Extend <input checked="" type="checkbox"/> | Modify <input type="checkbox"/> | Type: Higher duties <input type="checkbox"/> | Acting at level <input type="checkbox"/> |
| Position ID 3 0 4 6 9 7 0 6 | Position title REGISTERED NURSE | Classification (eg. AO4) GRADE 6 | | |
| Organisational unit number 70071571 | Organisational unit name BARRETT ADOLESCENT UNIT | | | |
| Facility address THE PARK CENTRE FOR MENTAL HEALTH | | Job advertisement reference (if applicable) [REDACTED] | | |
| Start date 27-09-2010 | End date 03-10-2010 | Percentage of position assumed 100 % | Percentage of allowance % | |
| Current occupant (if applicable) [REDACTED] | Reason for higher duties / acting at level [REDACTED] | | | |

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

Employment basis

Temporary full-time ☒ Temporary part-time ☐ Casual ☐ No. part-time hours / fortnight: [REDACTED]

Staff Movement Details

| |
|---|
| Reason for vacancy COVERS REGISTERED NURSE VACANCY |
|---|

Work Contract

| Working arrangements (Full time employees only) | Shift arrangements | Recreation leave accrual | Reason for additional weeks leave |
|--|--|--|---|
| 19 day month (ADO accrual) <input checked="" type="checkbox"/> | Single shift only <input type="checkbox"/> | Four weeks / annum <input type="checkbox"/> | Working public holidays <input type="checkbox"/> |
| Variable working hours <input type="checkbox"/> | Two shifts <input type="checkbox"/> | Five weeks / annum <input checked="" type="checkbox"/> | Continuous shift work <input checked="" type="checkbox"/> |
| Nine day fortnight <input type="checkbox"/> | Continuous shift work <input checked="" type="checkbox"/> | Six weeks / annum <input type="checkbox"/> | Working with radium (radiographers only) <input type="checkbox"/> |
| Standard hours (non ADO accrual) <input type="checkbox"/> | 12 hour shift arrangement applies <input type="checkbox"/> | | |

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

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) ☐

hr_emp_mov_high_dut/vnn2010/v3

1 of 2



Employee Movement - Temporary (Higher Duties/Acting at Level)

Work Schedule cont.

Please complete the table below using 24 hour time format (eg. 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 |
|--------------------|-----------------------|---------------------|-----------------------|---------------------|----------------------|
| | | | Start time (hh:mm) | End time (hh:mm) | |
| Monday | As | per | BAU | roster | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |
| Total weekly hours | | | | | 40 |

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

Week two

| Day | Start time (hh:mm) | End time (hh:mm) | Meal break* | | Total daily hours |
|--------------------|-----------------------|---------------------|-----------------------|---------------------|----------------------|
| | | | Start time (hh:mm) | End time (hh:mm) | |
| Monday | | | | | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |
| Total weekly hours | | | | | |

Qualification Payments

Please list here any approved qualification that this employee possesses that will entitle them to additional payment (eg. relevant AQF qualifications or nursing credentials) under Queensland Health policy.

Supervisor Certification

I certify 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;
- Discussed 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 (ie. the ending or likelihood of extension of their previous contract) as a consequence of accepting appointment to this proposed position.

Supervisor's signature

Date

Area code

Contact number

Supervisor's full name (please print)

Supervisor's position title

Employee Certification

I agree to the above changes to my employment hours/position. I hereby claim for the extra remuneration for hours worked in a higher duties capacity (where applicable). I also certify that I have been informed by my line manager/supervisor of the consequences of this change to my:

- FBT Concession Eligibility status that may result from this variation to my employment contract; and
- position, employment status, terms of employment and/or roster. I also acknowledge that as this appointment is of a temporary nature, the contract may be ended by my line manager with the appropriate notice in accordance with award provisions.

Employee's signature

Date

Delegate Approval

If the employee's entitlement to recurring allowance changes, please complete and forward the relevant form/s.

SES Higher Duties only:

Indicate here (✓) if the employee will receive the benefit of private use of a government owned motor vehicle (with the exception of home garaging).

Delegate's signature

Date

Area code

Contact number

Delegate's full name (please print)

Delegate's position title

Processing Area Use Only

Processor's signature

Date

Reviewer's signature

Date

Processed fortnight ending

lv_emp_mov_jugl_tul/jun2010/v.3

2 of 2



FAXED
11/10/10
WM Payroll

07 OCT 2010

Employee Movement - Temporary (Higher Duties/Acting at Level)

Privacy disclaimer:

The collection of personal information on this form is authorised under the Public Service Act 2008. Your personal information will not be disclosed to other parties without your consent unless required by law. Use of personal information on this form is restricted to those involved in the authorisation and processing of this form.

This form is to be used by Queensland Health employees and line managers to document a temporary change to an employee's existing position or temporary appointment to a position either in an 'at level' or higher duties capability.

Employee Details

| | | |
|---|---|--|
| Person ID <div style="background-color: black; width: 100px; height: 15px;"></div> | Personnel assignment number <div style="border: 1px solid black; width: 100px; height: 15px;"></div> | Please indicate (✓) here if you work in more than one position in QLD Health. <input type="checkbox"/> |
| Family name PAGE | First name/s BRENTON | |

Proposed Position Details

| | | | | |
|--|--|--|--|--|
| New <input type="checkbox"/> | Extend <input checked="" type="checkbox"/> | Modify <input type="checkbox"/> | Type: Higher duties <input type="checkbox"/> | Acting at level <input type="checkbox"/> |
| Position ID <div style="background-color: black; width: 100px; height: 15px;"></div> | Position title REGISTERED NURSE | Classification (eg. AO4) GRADE 5 | | |
| Organisational unit number 70071571 | Organisational unit name BARRETT ADOLESCENT UNIT | | | |
| Facility address THE PARK CENTRE FOR MENTAL HEALTH | Job advertisement reference (if applicable) H10WM09204 | | | |
| Start date 04-10-2010 | End date 17-10-2010 | Percentage of position assumed 100 % | Percentage of allowance % | |
| Current occupant (if applicable) <div style="background-color: black; width: 100px; height: 15px;"></div> | Reason for higher duties / acting at level <div style="background-color: black; width: 100px; height: 15px;"></div> | | | |

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

Employment basis

Temporary full-time ☒ Temporary part-time ☐ Casual ☐ No. part-time hours / fortnight:

Staff Movement Details

| |
|--|
| Reason for vacancy COVERS REGISTERED NURSE VACANCY |
|--|

Work Contract

| Working arrangements (Full time employees only) | Shift arrangements | Recreation leave accrual | Reason for additional weeks leave |
|--|--|--|---|
| 19 day month (ADO accrual) <input checked="" type="checkbox"/> | Single shift only <input type="checkbox"/> | Four weeks / annum <input type="checkbox"/> | Working public holidays <input type="checkbox"/> |
| Variable working hours <input type="checkbox"/> | Two shifts <input type="checkbox"/> | Five weeks / annum <input checked="" type="checkbox"/> | Continuous shift work <input checked="" type="checkbox"/> |
| Nine day fortnight <input type="checkbox"/> | Continuous shift work <input checked="" type="checkbox"/> | Six weeks / annum <input type="checkbox"/> | Working with radium (radiographers only) <input type="checkbox"/> |
| Standard hours (non ADO accrual) <input type="checkbox"/> | 12 hour shift arrangement applies <input type="checkbox"/> | | |

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

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) ☐



Employee Movement - Temporary (Higher Duties/Acting at Level)

Work Schedule cont.

Please complete the table below using 24 hour time format (eg. 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 |
|--------------------|-----------------------|---------------------|-----------------------|---------------------|----------------------|
| | | | Start time (hh:mm) | End time (hh:mm) | |
| Monday | As | per | BAU | roster | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |
| Total weekly hours | | | | | 40 |

Week two

| Day | Start time (hh:mm) | End time (hh:mm) | Meal break* | | Total daily hours |
|--------------------|-----------------------|---------------------|-----------------------|---------------------|----------------------|
| | | | Start time (hh:mm) | End time (hh:mm) | |
| Monday | As | per | BAU | roster | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |
| Total weekly hours | | | | | 40 |

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

Qualification Payments

Please list here any approved qualification that this employee possesses that will entitle them to additional payment (eg. relevant AQF qualifications or nursing credentials) under Queensland Health policy.

Supervisor Certification

I certify 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;
- discussed 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 (ie. the ending or likelihood of extension of their previous contract) as a consequence of accepting appointment to this proposed position.

Supervisor's signature

[Signature]

Date

30-09-2010

Area code

(07)

Contact number

[Redacted]

Supervisor's full name (please print)

[Redacted]

Supervisor's position title

A/ NURSE MANAGER

Employee Certification

I agree to the above changes to my employment hours/position. I hereby claim for the extra remuneration for hours worked in a higher duties capacity (where applicable). I also certify that I have been informed by my line manager/supervisor of the consequences of this change to my:

- FBT Concession Eligibility status that may result from this variation to my employment contract; and
- position, employment status, terms of employment and/or roster. I also acknowledge that as this appointment is of a temporary nature, the contract may be ended by my line manager with the appropriate notice in accordance with award provisions.

Employee's signature

[Signature]

Date

01/10/2010

Delegate Approval

If the employee's entitlement to recurring allowance changes, please complete and forward the relevant form/s.

SES Higher Duties only:

Indicate here (✓) if the employee will receive the benefit of private use of a government owned motor vehicle (with the exception of home garaging). ☐

Delegate's signature

[Signature]

Date

30-09-2010

Area code

(07)

Contact number

[Redacted]

Delegate's full name (please print)

[Redacted]

Delegate's position title

A/DIRECTOR OF NURSING

Processing Area Use Only

Processor's signature

[Redacted]

Date

[Redacted]

Reviewer's signature

[Redacted]

Date

[Redacted]

Processed fortnight ending

[Redacted]

28-Oct-2010 03:10 PM Administration 32718550

1/2



Employee Movement - Temporary (Higher Duties/Acting at Level)

Privacy disclaimer:

The collection of personal information on this form is authorised under the Public Service Act 2008. Your personal information will not be disclosed to other parties without your consent unless required by law. Use of personal information on this form is restricted to those involved in the authorisation and processing of this form.

This form is to be used by Queensland Health employees and line managers to document a temporary change to an employee's existing position or temporary appointment to a position either in an 'at level' or higher duties capability.

Employee Details

| | | |
|-------------------------|---|--|
| Person ID [redacted] | Personnel assignment number [redacted] | Please indicate (✓) here if you work in more than one position in QLD Health. <input type="checkbox"/> |
| Family name PAGE | First name/s Brenton | |

Proposed Position Details

| | | | | |
|--|---|---|---|--|
| New <input type="checkbox"/> | Extend <input type="checkbox"/> | Modify <input checked="" type="checkbox"/> | Type: Higher duties <input checked="" type="checkbox"/> | Acting at level <input type="checkbox"/> |
| Position ID [redacted] | Position title REGISTERED NURSE | Classification (eg. AO4) GRADE 5 | | |
| Organisational unit number 70071571 | Organisational unit name BARRETT ADOLESCENT UNIT | | | |
| Location The Park - Centre for Mental Health | | Job advertisement reference (if applicable) [redacted] | | |
| Start date 08-11-2010 | End date 05-12-2010 | Percentage of position assumed 100 % | Percentage of allowance % | |
| Current occupant (if applicable) [redacted] | | Reason for higher duties / acting at level [redacted] | | |
| Concurrent/Aggregate: Indicate (✓) here if the employee will continue to hold their existing position in conjunction with the proposed position <input type="checkbox"/> | | | | |
| Employment basis | | | | |
| Temporary full-time <input checked="" type="checkbox"/> | Temporary part-time <input type="checkbox"/> | Casual <input type="checkbox"/> | No. part-time hours / fortnight: [redacted] | |

Staff Movement Details

| |
|---|
| Reason for vacancy Covers Registered Nurse vacancy |
|---|

Work Contract

| Working arrangements (Full time employees only) | Shift arrangements | Recreation leave accrual | Reason for additional weeks leave |
|--|--|--|---|
| 19 day month (ADO accrual) <input checked="" type="checkbox"/> | Single shift only <input type="checkbox"/> | Four weeks / annum <input type="checkbox"/> | Working public holidays <input type="checkbox"/> |
| Variable working hours <input type="checkbox"/> | Two shifts <input type="checkbox"/> | Five weeks / annum <input checked="" type="checkbox"/> | Continuous shift work <input checked="" type="checkbox"/> |
| Nine day fortnight <input type="checkbox"/> | Continuous shift work <input checked="" type="checkbox"/> | Six weeks / annum <input type="checkbox"/> | Working with radium (radiographers only) <input type="checkbox"/> |
| Standard hours (non ADO accrual) <input type="checkbox"/> | 12 hour shift arrangement applies <input type="checkbox"/> | | |

Other (Please refer to the Payroll and Rostering Intranet Site (PARIS) for more information)

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) ☐

28-Oct-2010 03:10 PM Administration 32718550

2/2



Employee Movement - Temporary (Higher Duties/Acting at Level)

Employee Reference

Person ID

Personnel assignment number

Work Schedule cont.

Please complete the table below using 24 hour time format (eg. 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 |
|--------------------|-----------------------|---------------------|-----------------------|---------------------|----------------------|
| | | | Start time (hh:mm) | End time (hh:mm) | |
| Monday | As per | BAU | Roster | | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |
| Total weekly hours | | | | | 40 |

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

Week two

| Day | Start time (hh:mm) | End time (hh:mm) | Meal break* | | Total daily hours |
|--------------------|-----------------------|---------------------|-----------------------|---------------------|----------------------|
| | | | Start time (hh:mm) | End time (hh:mm) | |
| Monday | As per | BAU | Roster | | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |
| Total weekly hours | | | | | 40 |

Qualification Payments

Please list here any approved qualification that this employee possesses that will entitle them to additional payment (eg. relevant AQF qualifications or nursing credentials) under Queensland Health policy.

Supervisor Certification

I certify 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;
- discussed 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 (ie. the ending or likelihood of extension of their previous contract) as a consequence of accepting appointment to this proposed position.

Supervisor's signature

Date

Area code

Contact number

08-11-2010

(07)

Supervisor's full name (please print)

Supervisor's position title

A/Nurse Manager

Employee Certification

I agree to the above changes to my employment hours/position. I hereby claim for the extra remuneration for hours worked in a higher duties capacity (where applicable). I also certify that I have been informed by my line manager/supervisor of the consequences of this change to my:

- FBT Concession Eligibility status that may result from this variation to my employment contract; and
- position, employment status, terms of employment and/or roster. I also acknowledge that as this appointment is of a temporary nature, the contract may be ended by my line manager with the appropriate notice in accordance with award provisions.

Employee's signature

Date

27-10-2010

Delegate Approval

If the employee's entitlement to recurring allowance changes, please complete and forward the relevant form/s.

SES Higher Duties only:

Indicate here (✓) if the employee will receive the benefit of private use of a government owned motor vehicle (with the exception of home garaging). ☐

Delegate's signature

Date

Area code

Contact number

27-10-2010

(07)

Delegate's full name (please print)

Delegate's position title

A/Director of Nursing

Processing Area Use Only

Processor's signature

Date

Reviewer's signature

Date

Processed fortnight ending

lv_omp_mov_high_dut/June2010/v.3

2 of 2



FAXED
24/2

Employee Movement - Temporary (Higher Duties/Acting at Level)

Privacy disclaimer:

The collection of personal information on this form is authorised under the Public Service Act 2008. Your personal information will not be disclosed to other parties without your consent unless required by law. Use of personal information on this form is restricted to those involved in the authorisation and processing of this form.



This form is to be used by Queensland Health employees and line managers to document a temporary change to an employee's existing position or temporary appointment to a position either in an 'at level' or higher duties capacity.

Employee Details

| | | |
|---|---|--|
| Person ID <div style="background-color: black; width: 100px; height: 15px;"></div> | Personnel assignment number <div style="border: 1px solid black; width: 100px; height: 15px;"></div> | Please indicate (✓) here if you work in more than one position in QLD Health. <input type="checkbox"/> |
| Family name PAGE | First name/s BRENTON | |

Proposed Change Type

Higher duties ☐ Acting at level ☐

Indicate below if this form relates to either a new appointment, an extension to an existing appointment or a modification of a previously documented appointment

New ☒ Extension ☐ Modification ☐

Proposed Position Details

| | | |
|---|--|--|
| Position ID <div style="background-color: black; width: 100px; height: 15px;"></div> | Position title REGISTERED NURSE | Classification (eg. AO4) GRADE 5 |
| Start date 21-02-2011 | End date 27-03-2011 | Percentage of allowance 100 % |
| Organisational unit number 70071571 | Organisational unit name BARRERT ADOLESCENT UNIT | |
| Facility address THE PARK CENTRE FOR MENTAL HEALTH | Job advertisement reference (if applicable) | |
| Current occupant (if applicable) | Reason for higher duties / acting at level | |

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

Employment basis

Full-time ☒ Part-time ☐ No. of part-time hours / fortnight:

Award/EBA name

Nurses (Queensland Public Health Sector) Award 2004 - Section B - Psychiatric Hospitals etc

Staff Movement Details

Reason for vacancy
RN VACANCY

Work Contract

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

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

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) ☐



Employee Movement - Temporary - (Higher Duties/Acting at Level)

Employee Reference

Person ID

Personnel assignment number

Please complete the table below using 24 hour time format (eg. 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 |
|--------------------|-----------------------|---------------------|-----------------------|---------------------|----------------------|
| | | | Start time (hh:mm) | End time (hh:mm) | |
| Monday | as | per | BAU | roster | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |
| Total weekly hours | | | | | 40 |

Week two

| Day | Start time (hh:mm) | End time (hh:mm) | Meal break* | | Total daily hours |
|--------------------|-----------------------|---------------------|-----------------------|---------------------|----------------------|
| | | | Start time (hh:mm) | End time (hh:mm) | |
| Monday | as | per | BAU | roster | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |
| Total weekly hours | | | | | 40 |

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

Qualification Payments

Please list here any approved qualifications that this employee possesses that will entitle them to additional payment (e.g. relevant AQI qualifications or nursing credentials) under Queensland Health policy.

Supervisor Certification

I certify 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
- discussed 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 likelihood of extension of their previous contract) as a consequence of accepting appointment to this proposed position.

Supervisor's signature

Date

Area code

Contact number

Supervisor's full name (please print)

Supervisor's position title

Employee Certification

I agree to the above changes to my employment hours/position. I hereby claim for the extra remuneration for hours worked in a higher duties capacity (where applicable). I also certify that I have been informed by my line manager/supervisor of the consequences of this change to my:

- FBT Concession Eligibility status that may result from this variation to my employment contract and
- position, employment status, terms of employment and/or roster. I also acknowledge that as this appointment is of a temporary nature, the contract may be ended by my line manager with the appropriate notice in accordance with award provisions.

Employee's signature

Date

Delegate Approval

If the employee's entitlement to recurring allowance changes, please complete and forward the relevant form/s.

HFS / SES Higher Duties only:

Will the employee be allocated a government owned motor vehicle for private use or home garaging during this period of relief?

Yes ☐No ☐

Delegate's signature

Date

Area code

Contact number

Delegate's full name (please print)

Delegate's position title

Processing Area Use Only

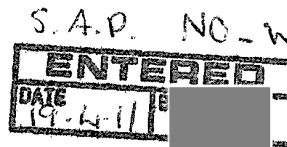
Processor's signature

Date

Reviewer's signature

Date

Processed fortnight ending



18-Apr-2011 03:05 PM Administration

1/2



Employee Movement - Temporary (Higher Duties/Acting at Level)

Privacy disclaimer:

The collection of personal information on this form is authorised under the Public Service Act 2008. Your personal information will not be disclosed to other parties without your consent unless required by law. Use of personal information on this form is restricted to those involved in the authorisation and processing of this form.

This form is to be used by Queensland Health employees and line managers to document a temporary change to an employee's existing position or temporary appointment to a position either in an 'at level' or higher duties capacity.

Employee Details

| | | |
|----------------------------|---|---|
| Person ID [REDACTED] | Personnel assignment number [REDACTED] | Please indicate (✓) here if you work in more than one position in QLD Health. <input type="checkbox"/> |
| Family name PAGE | First name/s BRENTON | |

Proposed Change Type

Higher duties ☐ Acting at level ☐

Indicate below if this form relates to either a new appointment, an extension to an existing appointment or a modification of a previously documented appointment

Now ☒ Extension ☐ Modification ☐

Proposed Position Details

| | | |
|--|--|--|
| Position ID [REDACTED] | Position title REGISTERED NURSE | Classification (eg. AO4) GRADE 5 |
| Start date 02-05-2011 | End date 22-05-2011 | Percentage of higher duties allowance payable applies only to employees under the provisions of the Public Service Act 100 % |
| Organisational unit number 70071571 | Organisational unit name BARRETT ADOLESCENT UNIT | |
| Facility address THE PARK CENTRE FOR MENTAL HEALTH | Job advertisement reference (if applicable) [REDACTED] | |
| Current occupant (if applicable) [REDACTED] | Reason for higher duties / acting at level [REDACTED] | |

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

Employment basis

Full-time ☐ Part-time ☒ No. of part-time hours / fortnight: **64**

Award/EBA name
Nurses (Queensland Public Health Sector) Award 2004 - Section B - Psychiatric Hospitals etc

Staff Movement Details

Reason for vacancy
[REDACTED]

RN on Higher Duties

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 type="checkbox"/> | Four weeks / annum <input type="checkbox"/> | Working public holidays <input type="checkbox"/> |
| Standard hours (non ADO accrual) <input type="checkbox"/> | Two shifts <input type="checkbox"/> | Five weeks / annum <input type="checkbox"/> | Continuous shift work <input type="checkbox"/> |
| Variable working hours <input type="checkbox"/> | Continuous shift work <input type="checkbox"/> | Six weeks / annum <input type="checkbox"/> | Working with radium (radiographers only) <input type="checkbox"/> |
| Nine day fortnight <input type="checkbox"/> | 12 hour shift arrangement applies <input type="checkbox"/> | | |

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

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) ☐

IX_omp_mov_high_dut/November2010/v4.5

Casual -

1Q75

23.5.11 ✓ entered 19.4.11

1 of 2

18-Apr-2011 03:05 PM Administration

2/2



Employee Movement - Temporary - (Higher Duties/Acting at Level)

Employee Reference

Person ID

Personnel assignment number

Please complete the table below using 24 hour time format (eg. 07:00 - 15:30) to advise the employee's roster for their initial two week period of employment.

Week one

Week two

| Day | Start time (hh:mm) | End time (hh:mm) | Meal break* | | Total daily hours |
|--------------------|-----------------------|---------------------|-----------------------|---------------------|----------------------|
| | | | Start time (hh:mm) | End time (hh:mm) | |
| Monday | as | per | BAU | roster | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |
| Total weekly hours | | | | | 32 |

| Day | Start time (hh:mm) | End time (hh:mm) | Meal break* | | Total daily hours |
|--------------------|-----------------------|---------------------|-----------------------|---------------------|----------------------|
| | | | Start time (hh:mm) | End time (hh:mm) | |
| Monday | as | per | BAU | roster | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |
| Total weekly hours | | | | | 32 |

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

Qualification Payments

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.

Supervisor Certification

I certify 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
- discussed 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 likelihood of extension of their previous contract) as a consequence of accepting appointment to this proposed position.

Supervisor's signature

Date

Area code

Contact number

Supervisor's full name (please print)

Supervisor's position title

A/NURSE MANAGER

Employee Certification

I agree to the above changes to my employment hours/position. I hereby claim for the extra remuneration for hours worked in a higher duties capacity (where applicable). I also certify that I have been informed by my line manager/supervisor of the consequences of this change to my:

- FBT Concession Eligibility status that may result from this variation to my employment contract and
- position, employment status, terms of employment and/or roster. I also acknowledge that as this appointment is of a temporary nature, the contract may be ended by my line manager with the appropriate notice in accordance with award provisions.

Employee's signature

Date

15-04-2011

Delegate Approval

If the employee's entitlement to recurring allowance changes, please complete and forward the relevant form/s.

HES / SES Higher Duties only:

Will the employee be allocated a government owned motor vehicle for private use or home garaging during this period of relief?

Yes ☐No ☐

Delegate's signature

Date

15-04-2011

Area code

Contact number

Delegate's full name (please print)

Delegate's position title

A/DIRECTOR OF NURSING

Processing Area Use Only

Processor's signature

Date

Reviewer's signature

Date

Processed fortnight ending

iv_rmp_mv_high_dut/November2010/v.3

2 of 2

17-May-2011 11:04 AM Admin



52

PT 1/21 SS



Employee Movement - Temporary (Higher Duties/Acting at Level)

Privacy disclaimer

The collection of personal information on this form is authorised under the Public Service Act 2008. Your personal information will not be disclosed to other parties without your consent unless required by law. Use of personal information on this form is restricted to those involved in the authorisation and processing of this form.

This form is to be used by Queensland Health employees and line managers to document a temporary change to an employee's existing position or temporary appointment to a position either in an 'at level' or higher duties capacity.

Employee Details

| | | |
|----------------------------|---|--|
| Person ID [redacted] | Personnel assignment number [redacted] | Please indicate (✓) here if you work in more than one position in QLD Health. <input type="checkbox"/> |
| Family name PAGE | First name/s BRENTON | |

Proposed Change Type

Higher duties ☐ Acting at level ☐

Indicate below if this form relates to either a new appointment, an extension to an existing appointment or a modification of a previously documented appointment

New ☒ Extension ☐ Modification ☐

Proposed Position Details

| | | |
|--|--|--|
| Position ID [redacted] | Position title REGISTERED NURSE | Classification (eg. AO4) GRADE 5 |
| Start date 23-05-2011 | End date 26-06-2011 | Percentage of allowance 100 % |
| Organisational unit number 70071571 | Organisational unit name BARRETT ADOLESCENT UNIT | |
| Facility address THE PARK CENTRE FOR MENTAL HEALTH | Job advertisement reference (if applicable) [redacted] | |
| Current occupant (if applicable) [redacted] | Reason for higher duties / acting at level [redacted] | |

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

Employment basis

Full-time ☐ Part-time ☒ No. of part-time hours / fortnight: **64**

Award/EBA name

Nurses (Queensland Public Health Sector) Award 2004 - Section B - Psychiatric Hospitals etc

Staff Movement Details

Reason for vacancy

RN on Higher Duties

Work Contract

| Working arrangements | Shift arrangements | Recreation leave accrual | Reason for additional weeks leave |
|---|--|---|---|
| 18 day month (ADO accrual) <input type="checkbox"/> | Single shift only <input type="checkbox"/> | Four weeks / annum <input type="checkbox"/> | Working public holidays <input type="checkbox"/> |
| Standard hours (non ADO accrual) <input type="checkbox"/> | Two shifts <input type="checkbox"/> | Five weeks / annum <input type="checkbox"/> | Continuous shift work <input type="checkbox"/> |
| Variable working hours <input type="checkbox"/> | Continuous shift work <input type="checkbox"/> | Six weeks / annum <input type="checkbox"/> | Working with radium (radiographers only) <input type="checkbox"/> |
| Nine day fortnight <input type="checkbox"/> | 12 hour shift arrangement applies <input type="checkbox"/> | | |

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

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) ☐



Employee Movement - Temporary - (Higher Duties/Acting at Level)

Employee Reference

Person ID

Personnel assignment number

Please complete the table below using 24 hour time format (eg. 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 |
|--------------------|-----------------------|---------------------|-----------------------|---------------------|----------------------|
| | | | Start time (hh:mm) | End time (hh:mm) | |
| Monday | as | per | BAU | roster | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |
| Total weekly hours | | | | | 32 |

Week two

| Day | Start time (hh:mm) | End time (hh:mm) | Meal break* | | Total daily hours |
|--------------------|-----------------------|---------------------|-----------------------|---------------------|----------------------|
| | | | Start time (hh:mm) | End time (hh:mm) | |
| Monday | as | per | BAU | roster | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |
| Total weekly hours | | | | | 32 |

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

Qualification Payments

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.

Supervisor Certification

I certify 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
- discussed 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 likelihood of extension of their previous contract) as a consequence of accepting appointment to this proposed position.

Supervisor's signature

Date

Area code

Contact number

[Signature]

10-05-2011

(07)

[Contact number]

Supervisor's full name (please print)

Supervisor's position title

[Name]

A/NURSE MANAGER

Employee Certification

I agree to the above changes to my employment hours/position. I hereby claim for the extra remuneration for hours worked in a higher duties capacity (where applicable). I also certify that I have been informed by my line manager/supervisor of the consequences of this change to my:

- FBT Concession Eligibility status that may result from this variation to my employment contract and
- position, employment status, terms of employment and/or roster. I also acknowledge that as this appointment is of a temporary nature, the contract may be ended by my line manager with the appropriate notice in accordance with award provisions.

Employee's signature

Date

[Signature]

17/5/11

Delegate Approval

If the employee's entitlement to recurring allowance changes, please complete and forward the relevant form/s.

HES / SES Higher Duties only:

Will the employee be allocated a government owned motor vehicle for private use or home garaging during this period of relief?

Yes ☐No ☐

Delegate's signature

Date

Area code

Contact number

[Signature]

10-05-2011

(07)

[Contact number]

Delegate's full name (please print)

Delegate's position title

[Name]

A/DIRECTOR OF NURSING

Processing Area Use Only

Processor's signature

Date

Reviewer's signature

Date

Processed fortnight ending

[Signature]

[Date]

[Signature]

[Date]

[Date]



C50V

Employee Movement - Temporary (Higher Duties/Acting at Level)

Privacy disclaimer

The collection of personal information on this form is authorised under the Public Service Act 2008. Your personal information will not be disclosed to other parties without your consent unless required by law. Use of personal information on this form is restricted to those involved in the authorisation and processing of this form.

This form is to be used by Queensland Health employees and line managers to document a temporary change to an employee's existing position or temporary appointment to a position either in an 'at level' or higher duties capacity.

Employee Details

| | | |
|----------------------------|---|--|
| Person ID [REDACTED] | Personnel assignment number [REDACTED] | Please indicate (✓) here if you work in more than one position in QLD Health. <input type="checkbox"/> |
| Family name PAGE | First name/s BRENTON | |

Proposed Change Type

Higher duties ☐ Acting at level ☐

Indicate below if this form relates to either a new appointment, an extension to an existing appointment or a modification of a previously documented appointment

New ☒ Extension ☐ Modification ☐

Proposed Position Details

| | | |
|--|--|--|
| Position ID [REDACTED] | Position title REGISTERED NURSE | Classification (eg. AO4) GRADE 5 |
| Start date 27-06-2011 | End date 24-07-2011 | Percentage of allowance 100 % |
| Organisational unit number 70071571 | Organisational unit name BARRETT ADOLESCENT UNIT | |
| Facility address THE PARK CENTRE FOR MENTAL HEALTH | Job advertisement reference (if applicable) [REDACTED] | |
| Current occupant (if applicable) [REDACTED] | Reason for higher duties / acting at level [REDACTED] | |

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

Employment basis

Full-time ☐ Part-time ☒ No. of part-time hours / fortnight: **64**

Award/EBA name

Nurses (Queensland Public Health Sector) Award 2004 - Section B - Psychiatric Hospitals etc

Staff Movement Details

Reason for vacancy

RN on Higher Duties

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 type="checkbox"/> | Four weeks / annum <input type="checkbox"/> | Working public holidays <input type="checkbox"/> |
| Standard hours (non ADO accrual) <input type="checkbox"/> | Two shifts <input type="checkbox"/> | Five weeks / annum <input checked="" type="checkbox"/> | Continuous shift work <input type="checkbox"/> |
| Variable working hours <input type="checkbox"/> | Continuous shift work <input type="checkbox"/> | Six weeks / annum <input type="checkbox"/> | Working with radium (radiographers only) <input type="checkbox"/> |
| Nine day fortnight <input type="checkbox"/> | 12 hour shift arrangement applies <input type="checkbox"/> | | |

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

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) ☐

lv_emp_mov_high_dut/November2010/V.3



1 of 2



CSO ✓

Employee Movement - Temporary - (Higher Duties/Acting at Level)

Employee Reference

Person ID

Personnel assignment number

Please complete the table below using 24 hour time format (eg. 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 |
|--------------------|-----------------------|---------------------|-----------------------|---------------------|----------------------|
| | | | Start time (hh:mm) | End time (hh:mm) | |
| Monday | as | per | BAU | roster | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |
| Total weekly hours | | | | | 32 |

Week two

| Day | Start time (hh:mm) | End time (hh:mm) | Meal break* | | Total daily hours |
|--------------------|-----------------------|---------------------|-----------------------|---------------------|----------------------|
| | | | Start time (hh:mm) | End time (hh:mm) | |
| Monday | as | per | BAU | roster | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |
| Total weekly hours | | | | | 32 |

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

Qualification Payments

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.

Supervisor Certification

I certify 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
- discussed 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 likelihood of extension of their previous contract) as a consequence of accepting appointment to this proposed position.

Supervisor's signature

Date

Area code

Contact number

Supervisor's full name (please print)

Supervisor's position title

A/NURSE MANAGER

Employee Certification

I agree to the above changes to my employment hours/position. I hereby claim for the extra remuneration for hours worked in a higher duties capacity (where applicable). I also certify that I have been informed by my line manager/supervisor of the consequences of this change to my:

- FBT Concession Eligibility status that may result from this variation to my employment contract and
- position, employment status, terms of employment and/or roster. I also acknowledge that as this appointment is of a temporary nature, the contract may be ended by my line manager with the appropriate notice in accordance with award provisions.

Employee's signature

Date

16/6/11

Delegate Approval

If the employee's entitlement to recurring allowance changes, please complete and forward the relevant form/s.

HES / SES Higher Duties only:

Will the employee be allocated a government owned motor vehicle for private use or home garaging during this period of relief?

Yes ☐No ☐

Delegate's signature

Date

Area code

Contact number

Delegate's full name (please print)

Delegate's position title

A/DIRECTOR OF NURSING

Processing Area Use Only

Processor's signature

Date

Reviewer's signature

Date

Processed fortnight ending



FAXED
4/2

Employee Movement - Temporary (Higher Duties/Acting at Level)

Privacy disclaimer:

The collection of personal information on this form is authorised under the Public Service Act 2008. Your personal information will not be disclosed to other parties without your consent unless required by law. Use of personal information on this form is restricted to those involved in the authorisation and processing of this form.



This form is to be used by Queensland Health employees and line managers to document a temporary change to an employee's existing position or temporary appointment to a position either in an 'at level' or higher duties capacity.

Employee Details

| | | |
|----------------------------|---|--|
| Person ID [REDACTED] | Personnel assignment number [REDACTED] | Please indicate (✓) here if you work in more than one position in QLD Health. <input type="checkbox"/> |
| Family name PAGE | First name/s BRENTON | |

Proposed Change Type

Higher duties ☐ Acting at level ☐

Indicate below if this form relates to either a new appointment, an extension to an existing appointment or a modification of a previously documented appointment

New ☒ Extension ☐ Modification ☐

Proposed Position Details

| | | |
|--|--|--|
| Position ID [REDACTED] | Position title REGISTERED NURSE | Classification (eg. AO4) GRADE 5 |
| Start date 25-07-2011 | End date 04-09-2011 | Percentage of allowance 100 % |
| Organisational unit number 70071571 | Organisational unit name BARRETT ADOLESCENT UNIT | Percentage of higher duties allowance payable applies only to employees under the provisions of the Public Service Act |
| Facility address THE PARK CENTRE FOR MENTAL HEALTH | Job advertisement reference (if applicable) | |
| Current occupant (if applicable) | Reason for higher duties / acting at level | |

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

Employment basis

Full-time ☐ Part-time ☒ No. of part-time hours / fortnight: **64**

Award/EBA name

Nurses (Queensland Public Health Sector) Award 2004 - Section B - Psychiatric Hospitals etc

Staff Movement Details

Reason for vacancy

RN on Higher Duties

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 type="checkbox"/> | Four weeks / annum <input type="checkbox"/> | Working public holidays <input type="checkbox"/> |
| Standard hours (non ADO accrual) <input type="checkbox"/> | Two shifts <input type="checkbox"/> | Five weeks / annum <input checked="" type="checkbox"/> | Continuous shift work <input checked="" type="checkbox"/> |
| Variable working hours <input type="checkbox"/> | Continuous shift work <input type="checkbox"/> | Six weeks / annum <input type="checkbox"/> | Working with radium (radiographers only) <input type="checkbox"/> |
| Nine day fortnight <input type="checkbox"/> | 12 hour shift arrangement applies <input type="checkbox"/> | | |

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

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) ☐



Employee Movement - Temporary - (Higher Duties/Acting at Level)

Employee Reference

Person ID

Personnel assignment number

Please complete the table below using 24 hour time format (eg. 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 |
|--------------------|-----------------------|---------------------|-----------------------|---------------------|----------------------|
| | | | Start time (hh:mm) | End time (hh:mm) | |
| Monday | as | per | BAU | roster | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |
| Total weekly hours | | | | | 32 |

Week two

| Day | Start time (hh:mm) | End time (hh:mm) | Meal break* | | Total daily hours |
|--------------------|-----------------------|---------------------|-----------------------|---------------------|----------------------|
| | | | Start time (hh:mm) | End time (hh:mm) | |
| Monday | as | per | BAU | roster | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |
| Total weekly hours | | | | | 32 |

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

Qualification Payments

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.

Supervisor Certification

I certify 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
- discussed 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 likelihood of extension of their previous contract) as a consequence of accepting appointment to this proposed position.

Supervisor's signature

Date

Area code

Contact number

Supervisor's full name (please print)

Supervisor's position title

Employee Certification

I agree to the above changes to my employment hours/position. I hereby claim for the extra remuneration for hours worked in a higher duties capacity (where applicable). I also certify that I have been informed by my line manager/supervisor of the consequences of this change to my:

- FBT Concession Eligibility status that may result from this variation to my employment contract and
- position, employment status, terms of employment and/or roster. I also acknowledge that as this appointment is of a temporary nature, the contract may be ended by my line manager with the appropriate notice in accordance with award provisions.

Employee's signature

Date

Delegate Approval

If the employee's entitlement to recurring allowance changes, please complete and forward the relevant form/s.

HES / SES Higher Duties only:

Will the employee be allocated a government owned motor vehicle for private use or home garaging during this period of relief?

Yes ☐No ☐

Delegate's signature

Date

Area code

Contact number

Delegate's full name (please print)

Delegate's position title

Processing Area Use Only

Processor's signature

Date

Reviewer's signature

Date

Processed fortnight ending



Queensland
Government

Roster ~~FAKED~~ 9/10

~~FAKED~~

Employee Movement - Temporary (Higher Duties/Acting at Level)

Privacy disclaimer:

The collection of personal information on this form is authorised under the Public Service Act 2008. Your personal information will not be disclosed to other parties without your consent unless required by law. Use of personal information on this form is restricted to those involved in the authorisation and processing of this form.



This form is to be used by Queensland Health employees and line managers to document a temporary change to an employee's existing position or temporary appointment to a position either in an 'at level' or higher duties capacity.

Employee Details

| | | |
|----------------------------|---|--|
| Person ID [REDACTED] | Personnel assignment number [REDACTED] | Please indicate (✓) here if you work in more than one position in QLD Health. <input type="checkbox"/> |
| Family name PAGE | First name/s BRENTON | |

Proposed Change Type

Higher duties ☐ Acting at level ☐

Indicate below if this form relates to either a new appointment, an extension to an existing appointment or a modification of a previously documented appointment

New ☐ Extension ☒ Modification ☐

Proposed Position Details

| | | |
|--|--|--|
| Position ID [REDACTED] | Position title REGISTERED NURSE | Classification (eg. AO4) GRADE 5 |
| Start date 05-09-2011 | End date 30-10-2011 | Percentage of allowance 100 % |
| Organisational unit number 70071571 | Organisational unit name BARRETT ADOLESCENT UNIT | |
| Facility address THE PARK CENTRE FOR MENTAL HEALTH | Job advertisement reference (if applicable) | |
| Current occupant (if applicable) | Reason for higher duties / acting at level | |

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

Employment basis

Full-time ☐ Part-time ☒ No. of part-time hours / fortnight: **64**

Award/EBA name

Nurses (Queensland Public Health Sector) Award 2004 - Section B - Psychiatric Hospitals etc

Staff Movement Details

Reason for vacancy

RN on Higher Duties

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 type="checkbox"/> | Four weeks / annum <input type="checkbox"/> | Working public holidays <input type="checkbox"/> |
| Standard hours (non ADO accrual) <input type="checkbox"/> | Two shifts <input type="checkbox"/> | Five weeks / annum <input checked="" type="checkbox"/> | Continuous shift work <input checked="" type="checkbox"/> |
| Variable working hours <input type="checkbox"/> | Continuous shift work <input type="checkbox"/> | Six weeks / annum <input type="checkbox"/> | Working with radium (radiographers only) <input type="checkbox"/> |
| Nine day fortnight <input type="checkbox"/> | 12 hour shift arrangement applies <input type="checkbox"/> | | |

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

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) ☐



Employee Movement - Temporary - (Higher Duties/Acting at Level)

Employee Reference

Person ID

Personnel assignment number

Please complete the table below using 24 hour time format (eg. 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 |
|--------------------|-----------------------|---------------------|-----------------------|---------------------|----------------------|
| | | | Start time (hh:mm) | End time (hh:mm) | |
| Monday | as | per | BAU | roster | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |
| Total weekly hours | | | | | 32 |

Week two

| Day | Start time (hh:mm) | End time (hh:mm) | Meal break* | | Total daily hours |
|--------------------|-----------------------|---------------------|-----------------------|---------------------|----------------------|
| | | | Start time (hh:mm) | End time (hh:mm) | |
| Monday | as | per | BAU | roster | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |
| Total weekly hours | | | | | 32 |

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

Qualification Payments

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.

Supervisor Certification

I certify 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
- discussed 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 likelihood of extension of their previous contract) as a consequence of accepting appointment to this proposed position.

Supervisor's signature

Date

29-08-2011

Area code

(07)

Contact number

Supervisor's full name (please print)

Supervisor's position title

A/NURSE MANAGER

Employee Certification

I agree to the above changes to my employment hours/position. I hereby claim for the extra remuneration for hours worked in a higher duties capacity (where applicable). I also certify that I have been informed by my line manager/supervisor of the consequences of this change to my:

- FBT Concession Eligibility status that may result from this variation to my employment contract and
- position, employment status, terms of employment and/or roster. I also acknowledge that as this appointment is of a temporary nature, the contract may be ended by my line manager with the appropriate notice in accordance with award provisions.

Employee's signature

as per phone call

Date

29/8/11

Delegate Approval

If the employee's entitlement to recurring allowance changes, please complete and forward the relevant form/s.

HES / SES Higher Duties only:

Will the employee be allocated a government owned motor vehicle for private use or home garaging during this period of relief?

Yes ☐No ☐

Delegate's signature

Date

29-08-2011

Area code

(07)

Contact number

Delegate's full name (please print)

Delegate's position title

A/DIRECTOR OF NURSING

Processing Area Use Only

Processor's signature

Date

Reviewer's signature

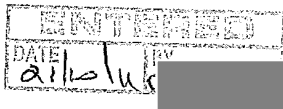
Date

Processed fortnight ending



Queensland
Government

BEI/INDA



Employee Movement - Temporary (Higher Duties/Acting at Level)

Privacy disclaimer:

The collection of personal information on this form is authorised under the Public Service Act 2008. Your personal information will not be disclosed to other parties without your consent unless required by law. Use of personal information on this form is restricted to those involved in the authorisation and processing of this form.



This form is to be used by Queensland Health employees and line managers to document a temporary change to an employee's existing position or temporary appointment to a position either in an 'at level' or higher duties capacity.

Employee Details

Person ID

[REDACTED]

Personnel assignment number

[REDACTED]

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

Family name

PAGE

First name/s

BRENTON

Proposed Change Type

Higher duties ☐ Acting at level ☐

Indicate below if this form relates to either a new appointment, an extension to an existing appointment or a modification of a previously documented appointment

New ☐ Extension ☒ Modification ☐

Proposed Position Details

Position ID

[REDACTED]

Position title

REGISTERED NURSE

Classification (eg. AO4)

GRADE 5

Start date

31-10-2011

End date

27-11-2011

Percentage of higher duties allowance payable applies only to employees under the provisions of the Public Service Act

Percentage of allowance

100 %

Organisational unit number

70071571

Organisational unit name

BARRETT ADOLESCENT UNIT

Facility address

THE PARK CENTRE FOR MENTAL HEALTH

Job advertisement reference (if applicable)

[REDACTED]

Current occupant (if applicable)

[REDACTED]

Reason for higher duties / acting at level

[REDACTED]

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

Employment basis

Full-time ☐

Part-time ☒

No. of part-time hours / fortnight: 64

Award/EBA name

Nurses (Queensland Public Health Sector) Award 2004 - Section B - Psychiatric Hospitals etc

Staff Movement Details

Reason for vacancy

RN on Higher Duties

Work Contract

Working arrangements

19 day month (ADO accrual) ☐

Standard hours (non ADO accrual) ☐

Variable working hours ☐

Nine day fortnight ☐

Shift arrangements

Single shift only ☐

Two shifts ☐

Continuous shift work ☐

12 hour shift arrangement applies ☐

Recreation leave accrual

Four weeks / annum ☐

Five weeks / annum ☒

Six weeks / annum ☐

Reason for additional weeks leave

Working public holidays ☐

Continuous shift work ☒

Working with radium (radiographers only) ☐

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

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) ☐



Employee Movement - Temporary - (Higher Duties/Acting at Level)

BELINDA

Employee Reference

Person ID

Personnel assignment number

Please complete the table below using 24 hour time format (eg. 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 |
|--------------------|-----------------------|---------------------|-----------------------|---------------------|----------------------|
| | | | Start time (hh:mm) | End time (hh:mm) | |
| Monday | as | per | BAU | roster | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |
| Total weekly hours | | | | | 32 |

Week two

| Day | Start time (hh:mm) | End time (hh:mm) | Meal break* | | Total daily hours |
|--------------------|-----------------------|---------------------|-----------------------|---------------------|----------------------|
| | | | Start time (hh:mm) | End time (hh:mm) | |
| Monday | as | per | BAU | roster | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |
| Total weekly hours | | | | | 32 |

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

Qualification Payments

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.

Supervisor Certification

I certify 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
- discussed 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 likelihood of extension of their previous contract) as a consequence of accepting appointment to this proposed position.

Supervisor's signature

Date

Area code

Contact number

11-10-2011

(07)

Supervisor's full name (please print)

Supervisor's position title

A/NURSE MANAGER

Employee Certification

I agree to the above changes to my employment hours/position. I hereby claim for the extra remuneration for hours worked in a higher duties capacity (where applicable). I also certify that I have been informed by my line manager/supervisor of the consequences of this change to my:

- FBT Concession Eligibility status that may result from this variation to my employment contract and
- position, employment status, terms of employment and/or roster. I also acknowledge that as this appointment is of a temporary nature, the contract may be ended by my line manager with the appropriate notice in accordance with award provisions.

Employee's signature

Date

15/10/2011

Delegate Approval

If the employee's entitlement to recurring allowance changes, please complete and forward the relevant form/s.

HES / SES Higher Duties only:

Will the employee be allocated a government owned motor vehicle for private use or home garaging during this period of relief?

Yes ☐ No ☐

Delegate's signature

Date

Area code

Contact number

11-10-2011

(07)

Delegate's full name (please print)

Delegate's position title

A/DIRECTOR OF NURSING

Processing Area Use Only

Processor's signature

Date

Reviewer's signature

Date

Processed fortnight ending



SAP: ✓
WR: ✓
email: ✓ 4/11/11

Employee Movement - Temporary (Higher Duties/Acting at Level)

Privacy disclaimer:

The collection of personal information on this form is authorised under the Public Service Act 2008. Your personal information will not be disclosed to other parties without your consent unless required by law. Use of personal information on this form is restricted to those involved in the authorisation and processing of this form.



This form is to be used by Queensland Health employees and line managers to document a temporary change to an employee's existing position or temporary appointment to a position either in an 'at level' or higher duties capacity.

Employee Details

| | | |
|----------------------------|---|--|
| Person ID [REDACTED] | Personnel assignment number [REDACTED] | Please indicate (✓) here if you work in more than one position in QLD Health. <input type="checkbox"/> |
| Family name PAGE | First name/s BRENTON | |

Proposed Change Type

Higher duties ☐ Acting at level ☐

Indicate below if this form relates to either a new appointment, an extension to an existing appointment or a modification of a previously documented appointment

New ☐ Extension ☒ Modification ☐

Proposed Position Details

| | | |
|--|--|--|
| Position ID [REDACTED] | Position title REGISTERED NURSE | Classification (eg. AO4) GRADE 5 |
| Start date 28-11-2011 | End date 25-12-2011 | Percentage of allowance 100 % |
| Organisational unit number 70071571 | Organisational unit name BARRETT ADOLESCENT UNIT | Percentage of higher duties allowance payable applies only to employees under the provisions of the Public Service Act |
| Facility address THE PARK CENTRE FOR MENTAL HEALTH | Job advertisement reference (if applicable) | |
| Current occupant (if applicable) | Reason for higher duties / acting at level | |

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

Employment basis

Full-time ☐ Part-time ☒ No. of part-time hours / fortnight: **64**

Award/EBA name

Nurses (Queensland Public Health Sector) Award 2004 - Section B - Psychiatric Hospitals etc

Staff Movement Details

Reason for vacancy

RN on Higher Duties

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 type="checkbox"/> | Four weeks / annum <input type="checkbox"/> | Working public holidays <input type="checkbox"/> |
| Standard hours (non ADO accrual) <input type="checkbox"/> | Two shifts <input type="checkbox"/> | Five weeks / annum <input checked="" type="checkbox"/> | Continuous shift work <input checked="" type="checkbox"/> |
| Variable working hours <input type="checkbox"/> | Continuous shift work <input type="checkbox"/> | Six weeks / annum <input type="checkbox"/> | Working with radium (radiographers only) <input type="checkbox"/> |
| Nine day fortnight <input type="checkbox"/> | 12 hour shift arrangement applies <input type="checkbox"/> | | |

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

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) ☐

hr_emp_mov_high_dut/November2010/v.5

1 of 2

NRG SP 03



Employee Movement - Temporary - (Higher Duties/Acting at Level)

Employee Reference

Person ID

Personnel assignment number

Please complete the table below using 24 hour time format (eg. 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 |
|--------------------|-----------------------|---------------------|-----------------------|---------------------|----------------------|
| | | | Start time (hh:mm) | End time (hh:mm) | |
| Monday | as | per | BAU | roster | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |
| Total weekly hours | | | | | 32 |

Week two

| Day | Start time (hh:mm) | End time (hh:mm) | Meal break* | | Total daily hours |
|--------------------|-----------------------|---------------------|-----------------------|---------------------|----------------------|
| | | | Start time (hh:mm) | End time (hh:mm) | |
| Monday | as | per | BAU | roster | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |
| Total weekly hours | | | | | 32 |

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

Qualification Payments

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.

Supervisor Certification

I certify 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
- discussed 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 likelihood of extension of their previous contract) as a consequence of accepting appointment to this proposed position.

Supervisor's signature

Date

Area code

Contact number

Supervisor's full name (please print)

Supervisor's position title

Employee Certification

I agree to the above changes to my employment hours/position. I hereby claim for the extra remuneration for hours worked in a higher duties capacity (where applicable). I also certify that I have been informed by my line manager/supervisor of the consequences of this change to my:

- FBT Concession Eligibility status that may result from this variation to my employment contract and
- position, employment status, terms of employment and/or roster. I also acknowledge that as this appointment is of a temporary nature, the contract may be ended by my line manager with the appropriate notice in accordance with award provisions.

Employee's signature

Date

Delegate Approval

If the employee's entitlement to recurring allowance changes, please complete and forward the relevant form/s.

HES / SES Higher Duties only:

Will the employee be allocated a government owned motor vehicle for private use or home garaging during this period of relief?

Yes ☐ No ☐

Delegate's signature

Date

Area code

Contact number

Delegate's full name (please print)

Delegate's position title

Processing Area Use Only

Processor's signature

Date

Reviewer's signature

Date

Processed fortnight ending



Employee Movement - Temporary (Higher Duties/Acting at Level)

Privacy disclaimer:

The collection of personal information on this form is authorised under the Public Service Act 2008. Your personal information will not be disclosed to other parties without your consent unless required by law. Use of personal information on this form is restricted to those involved in the authorisation and processing of this form.



This form is to be used by Queensland Health employees and line managers to document a temporary change to an employee's existing position or temporary appointment to a position either in an 'at level' or higher duties capacity.

Employee Details

| | | |
|-----------------------------------|---|--|
| Person ID <input type="text"/> | Personnel assignment number <input type="text"/> | Please indicate (✓) here if you work in more than one position in QLD Health. <input type="checkbox"/> |
| Family name PAGE | First name/s BRENTON | |

Proposed Change Type

Higher duties ☐ Acting at level ☐

Indicate below if this form relates to either a new appointment, an extension to an existing appointment or a modification of a previously documented appointment

New ☐ Extension ☒ Modification ☐

Proposed Position Details

| | | |
|--|---|--|
| Position ID <input type="text"/> | Position title REGISTERED NURSE | Classification (eg. AO4) GRADE 5 |
| Start date 26-12-2011 | End date 22-01-2012 | Percentage of allowance 100 % |
| Organisational unit number 70071571 | Organisational unit name BARRETT ADOLESCENT UNIT | |
| Facility address THE PARK CENTRE FOR MENTAL HEALTH | Job advertisement reference (if applicable) <input type="text"/> | |
| Current occupant (if applicable) <input type="text"/> | Reason for higher duties / acting at level <input type="text"/> | |

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

Employment basis

Full-time ☐ Part-time ☒ No. of part-time hours / fortnight: **64**

Award/EBA name

Nurses (Queensland Public Health Sector) Award 2004 - Section B - Psychiatric Hospitals etc

Staff Movement Details

Reason for vacancy
RN on Higher Duties

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 type="checkbox"/> | Four weeks / annum <input type="checkbox"/> | Working public holidays <input type="checkbox"/> |
| Standard hours (non ADO accrual) <input type="checkbox"/> | Two shifts <input type="checkbox"/> | Five weeks / annum <input checked="" type="checkbox"/> | Continuous shift work <input checked="" type="checkbox"/> |
| Variable working hours <input type="checkbox"/> | Continuous shift work <input type="checkbox"/> | Six weeks / annum <input type="checkbox"/> | Working with radium (radiographers only) <input type="checkbox"/> |
| Nine day fortnight <input type="checkbox"/> | 12 hour shift arrangement applies <input type="checkbox"/> | | |

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

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) ☐



Employee Movement - Temporary - (Higher Duties/Acting at Level)

Employee Reference

Person ID

Personnel assignment number

Please complete the table below using 24 hour time format (eg. 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 |
|--------------------|-----------------------|---------------------|-----------------------|---------------------|----------------------|
| | | | Start time (hh:mm) | End time (hh:mm) | |
| Monday | as | per | BAU | roster | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |
| Total weekly hours | | | | | 32 |

Week two

| Day | Start time (hh:mm) | End time (hh:mm) | Meal break* | | Total daily hours |
|--------------------|-----------------------|---------------------|-----------------------|---------------------|----------------------|
| | | | Start time (hh:mm) | End time (hh:mm) | |
| Monday | as | per | BAU | roster | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |
| Total weekly hours | | | | | 32 |

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

Qualification Payments

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.

Supervisor Certification

I certify 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
- discussed 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 likelihood of extension of their previous contract) as a consequence of accepting appointment to this proposed position.

Supervisor's signature

Date

Area code

Contact number

Supervisor's full name (please print)

Supervisor's position title

Employee Certification

I agree to the above changes to my employment hours/position. I hereby claim for the extra remuneration for hours worked in a higher duties capacity (where applicable). I also certify that I have been informed by my line manager/supervisor of the consequences of this change to my:

- FBT Concession Eligibility status that may result from this variation to my employment contract and
- position, employment status, terms of employment and/or roster. I also acknowledge that as this appointment is of a temporary nature, the contract may be ended by my line manager with the appropriate notice in accordance with award provisions.

Employee's signature

Date

Delegate Approval

If the employee's entitlement to recurring allowance changes, please complete and forward the relevant form/s.

HES / SES Higher Duties only:

Will the employee be allocated a government owned motor vehicle for private use or home garaging during this period of relief?

Yes ☐No ☐

Delegate's signature

Date

Area code

Contact number

Delegate's full name (please print)

Delegate's position title

Processing Area Use Only

Processor's signature

Date

Reviewer's signature

Date

Processed fortnight ending



Employee Movement - Temporary (Higher Duties/Acting at Level)

Privacy disclaimer:

The collection of personal information on this form is authorised under the Public Service Act 2008. Your personal information will not be disclosed to other parties without your consent unless required by law. Use of personal information on this form is restricted to those involved in the authorisation and processing of this form.



This form is to be used by Queensland Health employees and line managers to document a temporary change to an employee's existing position or temporary appointment to a position either in an 'at level' or higher duties capacity.

Employee Details

| | | |
|----------------------------|---|--|
| Person ID [REDACTED] | Personnel assignment number [REDACTED] | Please indicate (✓) here if you work in more than one position in QLD Health. <input type="checkbox"/> |
| Family name PAGE | First name/s BRENTON | |

Proposed Change Type

Higher duties ☐ Acting at level ☐

Indicate below if this form relates to either a new appointment, an extension to an existing appointment or a modification of a previously documented appointment

New ☐ Extension ☒ Modification ☐

Proposed Position Details

| | | |
|--|--|--|
| Position ID [REDACTED] | Position title REGISTERED NURSE | Classification (eg. AO4) GRADE 5 |
| Start date 23-01-2012 | End date 05-02-2012 | Percentage of allowance 100 % |
| Organisational unit number 70071571 | Organisational unit name BARRETT ADOLESCENT UNIT | Percentage of higher duties allowance payable applies only to employees under the provisions of the Public Service Act |
| Facility address THE PARK CENTRE FOR MENTAL HEALTH | Job advertisement reference (if applicable) | |
| Current occupant (if applicable) | Reason for higher duties / acting at level | |

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

Employment basis

Full-time ☐ Part-time ☒ No. of part-time hours / fortnight: **64**

Award/EBA name

Nurses (Queensland Public Health Sector) Award 2004 - Section B - Psychiatric Hospitals etc

Staff Movement Details

Reason for vacancy
RN on Higher Duties

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 type="checkbox"/> | Four weeks / annum <input type="checkbox"/> | Working public holidays <input type="checkbox"/> |
| Standard hours (non ADO accrual) <input type="checkbox"/> | Two shifts <input type="checkbox"/> | Five weeks / annum <input checked="" type="checkbox"/> | Continuous shift work <input checked="" type="checkbox"/> |
| Variable working hours <input type="checkbox"/> | Continuous shift work <input type="checkbox"/> | Six weeks / annum <input type="checkbox"/> | Working with radium (radiographers only) <input type="checkbox"/> |
| Nine day fortnight <input type="checkbox"/> | 12 hour shift arrangement applies <input type="checkbox"/> | | |

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

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) ☐

hr_emp_mov_high_dut/November2010/v.5

66112 - CAS Ros # [REDACTED]

NRG SP - 03 1 of 2



Employee Movement - Temporary - (Higher Duties/Acting at Level)

Employee Reference

Person ID

Personnel assignment number

Please complete the table below using 24 hour time format (eg. 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 |
|--------------------|-----------------------|---------------------|-----------------------|---------------------|----------------------|
| | | | Start time (hh:mm) | End time (hh:mm) | |
| Monday | as | per | BAU | roster | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |
| Total weekly hours | | | | | 32 |

Week two

| Day | Start time (hh:mm) | End time (hh:mm) | Meal break* | | Total daily hours |
|--------------------|-----------------------|---------------------|-----------------------|---------------------|----------------------|
| | | | Start time (hh:mm) | End time (hh:mm) | |
| Monday | as | per | BAU | roster | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |
| Total weekly hours | | | | | 32 |

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

Qualification Payments

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.

Supervisor Certification

I certify 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
- discussed 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 likelihood of extension of their previous contract) as a consequence of accepting appointment to this proposed position.

Supervisor's signature

Date

Area code

Contact number

Supervisor's full name (please print)

Supervisor's position title

Employee Certification

I agree to the above changes to my employment hours/position. I hereby claim for the extra remuneration for hours worked in a higher duties capacity (where applicable). I also certify that I have been informed by my line manager/supervisor of the consequences of this change to my:

- FBT Concession Eligibility status that may result from this variation to my employment contract and
- position, employment status, terms of employment and/or roster. I also acknowledge that as this appointment is of a temporary nature, the contract may be ended by my line manager with the appropriate notice in accordance with award provisions.

Employee's signature

Date

Delegate Approval

If the employee's entitlement to recurring allowance changes, please complete and forward the relevant form/s.

HES / SES Higher Duties only:

Will the employee be allocated a government owned motor vehicle for private use or home garaging during this period of relief?

Yes ☐ No ☐

Delegate's signature

Date

Area code

Contact number

Delegate's full name (please print)

Delegate's position title

Processing Area Use Only

Processor's signature

Date

Reviewer's signature

Date

Processed fortnight ending

**E-MAILED**

19 JAN 2012

**Employee Movement - Temporary
(Higher Duties/Acting at Level)****Privacy disclaimer:**

The collection of personal information on this form is authorised under the Public Service Act 2008. Your personal information will not be disclosed to other parties without your consent unless required by law. Use of personal information on this form is restricted to those involved in the authorisation and processing of this form.



This form is to be used by Queensland Health employees and line managers to document a temporary change to an employee's existing position or temporary appointment to a position either in an 'at level' or higher duties capacity.

Employee Details

Person ID

Personnel assignment number

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

Family name

PAGE

First name/s

BRENTON

Proposed Change TypeHigher duties ☐ Acting at level ☐

Indicate below if this form relates to either a new appointment, an extension to an existing appointment or a modification of a previously documented appointment

New ☐ Extension ☒ Modification ☐**Proposed Position Details**

Position ID

Position title

REGISTERED NURSE

Classification (eg. AO4)

GRADE 5

Start date

06-02-2012

End date

04-03-2012

Percentage of higher duties allowance payable applies only to employees under the provisions of the Public Service Act

Percentage of allowance

100 %

Organisational unit number

70071571

Organisational unit name

BARRETT ADOLESCENT UNIT

Facility address

THE PARK CENTRE FOR MENTAL HEALTH

Job advertisement reference (if applicable)

Current occupant (if applicable)

Reason for higher duties / acting at level

Concurrent / Aggregate: Please indicate (✓) here if the employee will continue to hold their existing position in conjunction with the proposed position ☐**Employment basis**Full-time ☐Part-time ☒

No. of part-time hours / fortnight: 64

Award/EBA name

Nurses (Queensland Public Health Sector) Award 2004 - Section B - Psychiatric Hospitals etc

Staff Movement Details

Reason for vacancy

RN on Higher Duties

Work Contract**Working arrangements**19 day month (ADO accrual) ☐Standard hours (non ADO accrual) ☐Variable working hours ☐Nine day fortnight ☐**Shift arrangements**Single shift only ☐Two shifts ☐Continuous shift work ☐12 hour shift arrangement applies ☐**Recreation leave accrual**Four weeks / annum ☐Five weeks / annum ☒Six weeks / annum ☐**Reason for additional weeks leave**Working public holidays ☐Continuous shift work ☒Working with radium (radiographers only) ☐

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

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) ☐



E-MAILED

Employee Movement - Temporary - (Higher Duties/Acting at Level)

Employee Reference 19 JAN 2012

Person ID

Personnel assignment number

Please complete the table below using 24 hour time format (eg. 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 |
|--------------------|-----------------------|---------------------|-----------------------|---------------------|----------------------|
| | | | Start time (hh:mm) | End time (hh:mm) | |
| Monday | as | per | BAU | roster | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |
| Total weekly hours | | | | | 32 |

Week two

| Day | Start time (hh:mm) | End time (hh:mm) | Meal break* | | Total daily hours |
|--------------------|-----------------------|---------------------|-----------------------|---------------------|----------------------|
| | | | Start time (hh:mm) | End time (hh:mm) | |
| Monday | as | per | BAU | roster | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |
| Total weekly hours | | | | | 32 |

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

Qualification Payments

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.

Supervisor Certification

I certify 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
- discussed 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 likelihood of extension of their previous contract) as a consequence of accepting appointment to this proposed position.

Supervisor's signature

Date

Area code

Contact number

Supervisor's full name (please print)

Supervisor's position title

Employee Certification

I agree to the above changes to my employment hours/position. I hereby claim for the extra remuneration for hours worked in a higher duties capacity (where applicable). I also certify that I have been informed by my line manager/supervisor of the consequences of this change to my:

- FBT Concession Eligibility status that may result from this variation to my employment contract and
- position, employment status, terms of employment and/or roster. I also acknowledge that as this appointment is of a temporary nature, the contract may be ended by my line manager with the appropriate notice in accordance with award provisions.

Employee's signature

Date

Delegate Approval

If the employee's entitlement to recurring allowance changes, please complete and forward the relevant form/s.

HES / SES Higher Duties only:

Will the employee be allocated a government owned motor vehicle for private use or home garaging during this period of relief?

Yes ☐No ☐

Delegate's signature

Date

Area code

Contact number

Delegate's full name (please print)

Delegate's position title

Processing Area Use Only

Processor's signature

Date

Reviewer's signature

Date

Processed fortnight ending



E-MAILED
07 FEB 2012

Employee Movement - Temporary (Higher Duties/Acting at Level)

Privacy disclaimer:

The collection of personal information on this form is authorised under the Public Service Act 2008. Your personal information will not be disclosed to other parties without your consent unless required by law. Use of personal information on this form is restricted to those involved in the authorisation and processing of this form.

This form is to be used by Queensland Health employees and line managers to document a temporary change to an employee's existing position or temporary appointment to a position either in an 'at level' or higher duties capacity.

Employee Details

| | | |
|-----------------------------------|---|--|
| Person ID <input type="text"/> | Personnel assignment number <input type="text"/> | Please indicate (✓) here if you work in more than one position in QLD Health. <input type="checkbox"/> |
| Family name PAGE | First name/s BRENTON | |

Proposed Change Type

Higher duties ☐ Acting at level ☐

Indicate below if this form relates to either a new appointment, an extension to an existing appointment or a modification of a previously documented appointment

New ☐ Extension ☒ Modification ☐

Proposed Position Details

| | | |
|--|---|--|
| Position ID <input type="text"/> | Position title REGISTERED NURSE | Classification (eg. AO4) GRADE 5 |
| Start date 05-03-2012 | End date 24-06-2012 | Percentage of allowance 100 % |
| Organisational unit number 70071571 | Organisational unit name BARRETT ADOLESCENT UNIT | |
| Facility address THE PARK CENTRE FOR MENTAL HEALTH | Job advertisement reference (if applicable) <input type="text"/> | |
| Current occupant (if applicable) <input type="text"/> | Reason for higher duties / acting at level <input type="text"/> | |

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

Employment basis

Full-time ☐ Part-time ☒ No. of part-time hours / fortnight: **64**

Award/EBA name

Nurses (Queensland Public Health Sector) Award 2004 - Section B - Psychiatric Hospitals etc

Staff Movement Details

Reason for vacancy

RN on Higher Duties

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 type="checkbox"/> | Four weeks / annum <input type="checkbox"/> | Working public holidays <input type="checkbox"/> |
| Standard hours (non ADO accrual) <input type="checkbox"/> | Two shifts <input type="checkbox"/> | Five weeks / annum <input checked="" type="checkbox"/> | Continuous shift work <input checked="" type="checkbox"/> |
| Variable working hours <input type="checkbox"/> | Continuous shift work <input type="checkbox"/> | Six weeks / annum <input type="checkbox"/> | Working with radium (radiographers only) <input type="checkbox"/> |
| Nine day fortnight <input type="checkbox"/> | 12 hour shift arrangement applies <input type="checkbox"/> | | |

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

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) ☐



Employee Movement - Temporary - (Higher Duties/Acting at Level)

Employee Reference

Person ID

Personnel assignment number

Please complete the table below using 24 hour time format (eg. 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 |
|--------------------|-----------------------|---------------------|-----------------------|---------------------|----------------------|
| | | | Start time (hh:mm) | End time (hh:mm) | |
| Monday | as | per | BAU | roster | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |
| Total weekly hours | | | | | 32 |

Week two

| Day | Start time (hh:mm) | End time (hh:mm) | Meal break* | | Total daily hours |
|--------------------|-----------------------|---------------------|-----------------------|---------------------|----------------------|
| | | | Start time (hh:mm) | End time (hh:mm) | |
| Monday | as | per | BAU | roster | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |
| Total weekly hours | | | | | 32 |

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

Qualification Payments

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.

Supervisor Certification

I certify 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
- discussed 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 likelihood of extension of their previous contract) as a consequence of accepting appointment to this proposed position.

Supervisor's signature

Date

07-02-2012

Area code

(07)

Contact number

Supervisor's full name (please print)

Supervisor's position title

NURSE MANAGER

Employee Certification

I agree to the above changes to my employment hours/position. I hereby claim for the extra remuneration for hours worked in a higher duties capacity (where applicable). I also certify that I have been informed by my line manager/supervisor of the consequences of this change to my:

- FBT Concession Eligibility status that may result from this variation to my employment contract and
- position, employment status, terms of employment and/or roster. I also acknowledge that as this appointment is of a temporary nature, the contract may be ended by my line manager with the appropriate notice in accordance with award provisions.

Employee's signature

Date

Delegate Approval

If the employee's entitlement to recurring allowance changes, please complete and forward the relevant form/s.

HES / SES Higher Duties only:

Will the employee be allocated a government owned motor vehicle for private use or home garaging during this period of relief?

Yes ☐No ☐

Delegate's signature

Date

07-02-2012

Area code

(07)

Contact number

Delegate's full name (please print)

Delegate's position title

A/DIRECTOR OF NURSING

Processing Area Use Only

Processor's signature

Date

Reviewer's signature

Date

Processed fortnight ending

Queensland
Government*Amended. End date*

5.8 JUN 2012

14/6/12

Employee Movement - Temporary
Higher Duties/Acting at Level)

Privacy disclaimer:

The collection of personal information on this form is authorised under the Public Service Act 2008. Your personal information will not be disclosed to other parties without your consent unless required by law. Use of personal information on this form is restricted to those involved in the authorisation and processing of this form.



This form is to be used by Queensland Health employees and line managers to document a temporary change to an employee's existing position or temporary appointment to a position either in an 'at level' or higher duties capacity.

Employee Details

Person ID

[REDACTED]

Personnel assignment number (PAN)

[REDACTED]

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

Family name

PAGE

First name/s

BRENTON

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: QLD.Sponsor.Monitoring@immi.gov.au

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

Proposed Change Type

Higher duties ☐ Acting at level ☒

Indicate below if this form relates to either a new appointment, an extension to an existing appointment or a modification of a previously documented appointment

New ☐ Extension ☒ Modification ☐

Proposed Position Details

Frontline position ☐

OR

Non_Frontline position ☐Request to Fill a Vacancy Form attached ☐

Position ID

[REDACTED]

Position title

REGISTERED NURSE

Classification (eg. AO4)

GRADE 5

Start date

25-06-2012

End date

08-07-2012

Percentage of higher duties allowance payable applies only to employees under the provisions of the Public Service Act

Percentage of allowance

%

Organisational unit number

70071571

Organisational unit name

BARRETT ADOLESCENT UNIT

Facility address

THE PARK CENTRE FOR MENTAL HEALTH

Job advertisement reference (if applicable)

Current occupant (if applicable)

Reason for higher duties / acting at level

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

Employment basis

Full-time ☐Part-time ☒

No. of part-time hours / fortnight:

64

Award/EBA name

Nurses (Queensland Public Health Sector) Award 2004 - Section B - Psychiatric Hospitals etc

Staff Movement Details

Reason for vacancy

RN DOING HD

Work Contract

Working arrangements

19 day month (ADO accrual) ☐Standard hours (non ADO accrual) ☐Variable working hours ☐9 day fortnight ☐

Shift arrangements

Single shift only ☐Two shifts ☐Continuous shift work ☐12 hour shift arrangement applies ☐

Recreation leave accrual

4 weeks / annum ☐5 weeks / annum ☒6 weeks / annum ☐

Reason for additional weeks leave

Working public holidays ☒Continuous shift work ☐Working with radium (radiographers only) ☐

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

hr_emp_mov_high_dut/May2012/v.7

CAS #

25/7/12

1 of 3



Employee Movement - Temporary - (Higher Duties/Acting at Level)

- 8 JUN 2012

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 (eg. 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 |
|--------------------|-----------------------|---------------------|-----------------------|---------------------|----------------------|
| | | | Start time (hh:mm) | End time (hh:mm) | |
| Monday | as | per | BAU | roster | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |
| Total weekly hours | | | | | |

Week two

| Day | Start time (hh:mm) | End time (hh:mm) | Meal break* | | Total daily hours |
|--------------------|-----------------------|---------------------|-----------------------|---------------------|----------------------|
| | | | Start time (hh:mm) | End time (hh:mm) | |
| Monday | as | per | BAU | roster | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |
| Total weekly hours | | | | | |

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

Qualification Payments

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.

Supervisor Certification (mandatory completion required)

I certify 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
- discussed 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 likelihood of extension of their previous contract) as a consequence of accepting appointment to this proposed position.

Supervisor's signature

Date

Area code

Contact number

Supervisor's full name (please print)

Supervisor's position title

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

I agree to the above changes to my employment hours/position. I hereby claim for the extra remuneration for hours worked in a higher duties capacity (where applicable). I also certify that I have been informed by my line manager/supervisor of the consequences of this change to my:

- FBT Concession Eligibility status that may result from this variation to my employment contract and
- position, employment status, terms of employment and/or roster. I also acknowledge that as this appointment is of a temporary nature, the contract may be ended by my line manager with the appropriate notice in accordance with award provisions.

Employee's signature

Date

Line manager's signature in lieu*

*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 obtained on this form as soon as they become available to sign the form so that it can be retained as a formal contract of employment.



8 JUN 2012

Employee Movement - Temporary - (Higher Duties/Acting at Level)

Employee Reference

Person ID

Personnel assignment number (PAN)

Delegate Approval (mandatory completion required)

If the employee's entitlement to recurring allowance changes, please complete and forward the relevant form/s.

HES / SES Higher Duties only:

Will the employee be allocated a government owned motor vehicle for private use or home garaging during this period of relief?

Yes ☐No ☐

Delegate's signature

Date

Area code

Delegate's Contact number

07-06-2012

(07)

Delegate's full name (please print)

Delegate's position title

A/NURSE MANAGER

Processing Area Use Only

Processor's signature

Date

Reviewer's signature

Date

Processed ☒ ending

hr_emp_mov_high_dut/May2012/v.7

3 of 3



Employee Movement - Temporary (Higher Duties/Acting at Level)

Privacy disclaimer:

The collection of personal information on this form is authorised under the Public Service Act 2008. Your personal information will not be disclosed to other parties without your consent unless required by law. Use of personal information on this form is restricted to those involved in the authorisation and processing of this form.



This form is to be used by Queensland Health employees and line managers to document a temporary change to an employee's existing position or temporary appointment to a position either in an 'at level' or higher duties capacity.

Employee Details

Person ID

Personnel assignment number (PAN)

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

Family name

First name/s

PAGE

BRENTON

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: QLD.Sponsor.Monitoring@immi.gov.au

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

Proposed Change TypeHigher duties ☐ Acting at level ☒

Indicate below if this form relates to either a new appointment, an extension to an existing appointment or a modification of a previously documented appointment

New ☐ Extension ☒ Modification ☐**Proposed Position Details**Frontline position ☐

OR

Non_Frontline position ☐Request to Fill a Vacancy Form attached ☐

Position ID

Position title

Classification (eg. AO4)

[Redacted]

REGISTERED NURSE

GRADE 5

Start date

End date

25-06-2012

08-07-2012

Percentage of higher duties allowance payable applies only to employees under the provisions of the Public Service Act

Percentage of allowance

%

Organisational unit number

Organisational unit name

70071571

BARRETT ADOLESCENT UNIT

Facility address

Job advertisement reference (if applicable)

THE PARK CENTRE FOR MENTAL HEALTH

Current occupant (if applicable)

Reason for higher duties / acting at level

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

Employment basisFull-time ☐Part-time ☒

No. of part-time hours / fortnight:

64

Award/EBA name

Nurses (Queensland Public Health Sector) Award 2004 - Section B - Psychiatric Hospitals etc

Staff Movement Details

Reason for vacancy

RN DOING HD

Work Contract**Working arrangements**19 day month (ADO accrual) ☐Standard hours (non ADO accrual) ☐Variable working hours ☐9 day fortnight ☐**Shift arrangements**Single shift only ☐Two shifts ☐Continuous shift work ☐12 hour shift arrangement applies ☐**Recreation leave accrual**4 weeks / annum ☐5 weeks / annum ☒6 weeks / annum ☐**Reason for additional weeks leave**Working public holidays ☒Continuous shift work ☐Working with radium (radiographers only) ☐

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



Employee Movement - Temporary - (Higher Duties/Acting at Level)

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 (eg. 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 |
|--------------------|-----------------------|---------------------|-----------------------|---------------------|----------------------|
| | | | Start time (hh:mm) | End time (hh:mm) | |
| Monday | as | per | BAU | roster | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |
| Total weekly hours | | | | | |

Week two

| Day | Start time (hh:mm) | End time (hh:mm) | Meal break* | | Total daily hours |
|--------------------|-----------------------|---------------------|-----------------------|---------------------|----------------------|
| | | | Start time (hh:mm) | End time (hh:mm) | |
| Monday | as | per | BAU | roster | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |
| Total weekly hours | | | | | |

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

Qualification Payments

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.

Supervisor Certification (mandatory completion required)

I certify 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
- discussed 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 likelihood of extension of their previous contract) as a consequence of accepting appointment to this proposed position.

Supervisor's signature

Date

Area code

Contact number

06-06-2012

(07)

Supervisor's full name (please print)

Supervisor's position title

A/NURSE MANAGER

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

I agree to the above changes to my employment hours/position. I hereby claim for the extra remuneration for hours worked in a higher duties capacity (where applicable). I also certify that I have been informed by my line manager/supervisor of the consequences of this change to my:

- FBT Concession Eligibility status that may result from this variation to my employment contract and
- position, employment status, terms of employment and/or roster. I also acknowledge that as this appointment is of a temporary nature, the contract may be ended by my line manager with the appropriate notice in accordance with award provisions.

Employee's signature

Date

Line manager's signature in lieu*

*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 obtained on this form as soon as they become available to sign the form so that it can be retained as a formal contract of employment.



Employee Movement - Temporary - (Higher Duties/Acting at Level)

Employee Reference

Person ID

Personnel assignment number (PAN)

Delegate Approval (mandatory completion required)

If the employee's entitlement to recurring allowance changes, please complete and forward the relevant form/s.

HES / SES Higher Duties only:

Will the employee be allocated a government owned motor vehicle for private use or home garaging during this period of relief?

Yes ☐No ☐

Delegate's signature

Date

Area code

Delegate's Contact number

Delegate's full name (please print)

Delegate's position title

A/NURSE MANAGER

Processing Area Use Only

Processor's signature

Date

Reviewer's signature

Date

Processed fortnight ending

hr_emp_mov_high_dut/May2012/v.7

3 of 3

Queensland
GovernmentEmployee Movement - Temporary
(Higher Duties/Acting at Level)

Privacy disclaimer:

The collection of personal information on this form is authorised under the Public Service Act 2008. Your personal information will not be disclosed to other parties without your consent unless required by law. Use of personal information on this form is restricted to those involved in the authorisation and processing of this form.



This form is to be used by Queensland Health employees and line managers to document a temporary change to an employee's existing position or temporary appointment to a position either in an 'at level' or higher duties capacity.

Employee Details

Person ID

Personnel assignment number (PAN)

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

Family name

PAGE

First name/s

BRENTON

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: QLD.Sponsor.Monitoring@immi.gov.au

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

Proposed Change Type

Higher duties ☐ Acting at level ☒

Indicate below if this form relates to either a new appointment, an extension to an existing appointment or a modification of a previously documented appointment

New ☐ Extension ☒ Modification ☐

Proposed Position Details

Frontline position ☐

OR

Non-Frontline position ☐Request to Fill a Vacancy Form attached ☐

Position ID

Position title

REGISTERED NURSE

Classification (eg. AO4)

GRADE 5

Start date

23-07-2012

End date

19-08-2012

Percentage of higher duties allowance payable applies only to employees under the provisions of the Public Service Act

Percentage of allowance

 %

Organisational unit number

70071571

Organisational unit name

BARRETT ADOLESCENT UNIT

Facility address

THE PARK CENTRE FOR MENTAL HEALTH

Job advertisement reference (if applicable)

Current occupant (if applicable)

Reason for higher duties / acting at level

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

Employment basis

Full-time ☐Part-time ☒

No. of part-time hours / fortnight:

64

Award/EBA name

Nurses (Queensland Public Health Sector) Award 2004 - Section B - Psychiatric Hospitals etc

Staff Movement Details

Reason for vacancy

RN DOING HD

Work Contract

Working arrangements

19 day month (ADO accrual) ☐Standard hours (non ADO accrual) ☐Variable working hours ☐9 day fortnight ☐

Shift arrangements

Single shift only ☐Two shifts ☐Continuous shift work ☐12 hour shift arrangement applies ☐

Recreation leave accrual

4 weeks / annum ☐5 weeks / annum ☒6 weeks / annum ☐

Reason for additional weeks leave

Working public holidays ☒Continuous shift work ☐Working with radium (radiographers only) ☐

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



Employee Movement - Temporary - (Higher Duties/Acting at Level)

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 (eg. 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 |
|--------------------|-----------------------|---------------------|-----------------------|---------------------|----------------------|
| | | | Start time (hh:mm) | End time (hh:mm) | |
| Monday | as | per | BAU | roster | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |
| Total weekly hours | | | | | |

Week two

| Day | Start time (hh:mm) | End time (hh:mm) | Meal break* | | Total daily hours |
|--------------------|-----------------------|---------------------|-----------------------|---------------------|----------------------|
| | | | Start time (hh:mm) | End time (hh:mm) | |
| Monday | as | per | BAU | roster | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |
| Total weekly hours | | | | | |

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

Qualification Payments

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.

Supervisor Certification (mandatory completion required)

I certify 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
- discussed 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 likelihood of extension of their previous contract) as a consequence of accepting appointment to this proposed position.

Supervisor's signature

Date

Area code

Contact number

11-07-2012

(07)

Supervisor's full name (please print)

Supervisor's position title

A/NURSE MANAGER

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

I agree to the above changes to my employment hours/position. I hereby claim for the extra remuneration for hours worked in a higher duties capacity (where applicable). I also certify that I have been informed by my line manager/supervisor of the consequences of this change to my:

- FBT Concession Eligibility status that may result from this variation to my employment contract and
- position, employment status, terms of employment and/or roster. I also acknowledge that as this appointment is of a temporary nature, the contract may be ended by my line manager with the appropriate notice in accordance with award provisions.

Employee's signature

Date

Line manager's signature in lieu*

11-7-12

*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 obtained on this form as soon as they become available to sign the form so that it can be retained as a formal contract of employment.



Employee Movement - Temporary - (Higher Duties/Acting at Level)

Employee Reference

Person ID

Personnel assignment number (PAN)

Delegate Approval (mandatory completion required)

If the employee's entitlement to recurring allowance changes, please complete and forward the relevant form/s.

HES / SES Higher Duties only:

Will the employee be allocated a government owned motor vehicle for private use or home garaging during this period of relief?

Yes ☐No ☐

Delegate's signature

Date

Area code

Delegate's Contact number

11-07-2012

(07)

Delegate's full name (please print)

Delegate's position title:

A/NURSE MANAGER

Processing Area Use Only

Processor's signature

Date

Reviewer's signature

Date

Processed fortnight ending

hr_emp_mov_high_dut/May2012/v.7

3 of 3

Queensland
GovernmentEmployee Movement - Temporary
(Higher Duties/Acting at Level)

Privacy disclaimer:

The collection of personal information on this form is authorised under the Public Service Act 2008. Your personal information will not be disclosed to other parties without your consent unless required by law. Use of personal information on this form is restricted to those involved in the authorisation and processing of this form.



This form is to be used by Queensland Health employees and line managers to document a temporary change to an employee's existing position or temporary appointment to a position either in an 'at level' or higher duties capacity.

Employee Details

| | | |
|----------------------------|---|--|
| Person ID [REDACTED] | Personnel assignment number (PAN) [REDACTED] | Please indicate (✓) here if you work in more than one position in QLD Health. <input type="checkbox"/> |
| Family name PAGE | First name/s BRENTON | |

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: QLD.Sponsor.Monitoring@immi.gov.au

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

Proposed Change Type

Higher duties ☐ Acting at level ☒

Indicate below if this form relates to either a new appointment, an extension to an existing appointment or a modification of a previously documented appointment

New ☐ Extension ☒ Modification ☐

Proposed Position Details

| | | |
|--|--|--|
| Frontline position <input type="checkbox"/> OR Non_Frontline position <input type="checkbox"/> | Request to Fill a Vacancy Form attached <input type="checkbox"/> | |
| Position ID [REDACTED] | Position title: REGISTERED NURSE | Classification (eg. AO4) GRADE 5 |
| Start date 20-08-2012 | End date 30-09-2012 | Percentage of allowance % |
| Organisational unit number 70071571 | Organisational unit name BARRETT ADOLESCENT UNIT | |
| Facility address THE PARK CENTRE FOR MENTAL HEALTH | Job advertisement reference (if applicable) [REDACTED] | |
| Current occupant (if applicable) [REDACTED] | Reason for higher duties / acting at level [REDACTED] | |

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

Employment basis

Full-time ☐ Part-time ☒ No. of part-time hours / fortnight: **64**

Award/EBA name

Nurses (Queensland Public Health Sector) Award 2004 - Section B - Psychiatric Hospitals etc

Staff Movement Details

Reason for vacancy
RN DOING HD

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 type="checkbox"/> | 4 weeks / annum <input type="checkbox"/> | Working public holidays <input checked="" type="checkbox"/> |
| Standard hours (non ADO accrual) <input type="checkbox"/> | Two shifts <input type="checkbox"/> | 5 weeks / annum <input checked="" 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 (e.g. RANIP Nurses, etc.). Please refer to the Payroll and Rostering Intranet Site (PARIS) for more information.



Employee Movement - Temporary - (Higher Duties/Acting at Level)

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 (eg. 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 |
|--------------------|-----------------------|---------------------|-----------------------|---------------------|----------------------|
| | | | Start time (hh:mm) | End time (hh:mm) | |
| Monday | as | per | BAU | roster | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |
| Total weekly hours | | | | | |

Week two

| Day | Start time (hh:mm) | End time (hh:mm) | Meal break* | | Total daily hours |
|--------------------|-----------------------|---------------------|-----------------------|---------------------|----------------------|
| | | | Start time (hh:mm) | End time (hh:mm) | |
| Monday | as | per | BAU | roster | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |
| Total weekly hours | | | | | |

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

Qualification Payments

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.

Supervisor Certification (mandatory completion required)

I certify 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
- discussed 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 likelihood of extension of their previous contract) as a consequence of accepting appointment to this proposed position.

Supervisor's signature

Date

Area code

Contact number

23-07-2012

(07)

Supervisor's full name (please print)

Supervisor's position title

A/NURSE MANAGER

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

I agree to the above changes to my employment hours/position. I hereby claim for the extra remuneration for hours worked in a higher duties capacity (where applicable). I also certify that I have been informed by my line manager/supervisor of the consequences of this change to my:

- FBT Concession Eligibility status that may result from this variation to my employment contract and
- position, employment status, terms of employment and/or roster. I also acknowledge that as this appointment is of a temporary nature, the contract may be ended by my line manager with the appropriate notice in accordance with award provisions.

Employee's sig

Date

Line manager's signature in lieu*

01-08-12

*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 obtained on this form as soon as they become available to sign the form so that it can be retained as a formal contract of employment.



Employee Movement - Temporary - (Higher Duties/Acting at Level)

Employee Reference

Person ID

Personnel assignment number (PAN)

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

Delegate Approval (mandatory completion required)

If the employee's entitlement to recurring allowance changes, please complete and forward the relevant form/s.

HES / SES Higher Duties only:

Will the employee be allocated a government owned motor vehicle for private use or home garaging during this period of relief?

Yes ☐No ☐

Delegate's signature

Date

23-07-2012

Area code

(07)

Delegate's Contact number

Delegate's full name (please print)

Delegate's position title

A/NURSE MANAGER

Processing Area Use Only

Processor's signature

Date

Reviewer's signature

Date

Processed fortnight ending

hr_emp_mov_high_dut/May2012/v.7

3 of 3