
Application for an Adjustment in Cost of Employment, Work Hours or Conversion of Appointment

Department / Division:	
Date:	
Completed by:	

Background / Context

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Motivation:

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Adjustment of cost of employment

or Change in working hours

or Conversion of appointment

SU Number	Name	Position number	Current remuneration	New remuneration	Fraction change	New hours	Base remuneration level	Effective Date



Supervisor: Name

UT Number

Telephone number

Costing or Project Allocation

Costing:

Entity	Cost Centre	Account Number	Fund Type	Transaction ID (Old Project Number)	Percentage Allocation



Costing or Project Allocation

Project Allocation:

Project Number	Task Number	Expenditure Type	Project Organisation	Contract Number	Project Fund Source	Percentage Allocation



Recommendation:
CHAIRPERSON / DIVISION HEAD **Date**

Approval:
DEAN / DIRECTOR / **Date**
DEPUTY VICE CHANCELLOR

Additional approval:
Signature **Date**
.....
Designation **Title**

For office use:

Does the request affect employee's Leave Package?

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Comments:

Approval:

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HR PRACTITIONER **Date**

.....
HR MANAGER **Date**

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CHIEF DIRECTOR: HUMAN RESOURCES **Date**