

HR103 (a) Temporary Appointment

This form should be used for Permanent Employees on a Temporary Appointment in line with the provisions of circular 17/2013. For periods of less than 3 months no payment is due. Please complete in Block Capitals/Tick appropriate boxes.

Format date fields as DDMMYYYY

Section 1. E	mp	loye	ee C	Deta	ils															
Surname:								First Name:												
Personnel No:							PPS No:													
Section 2. Po	eric	od o	of To	emp	ora	ary	Αp	poir	ntmen	t			I			•				
From date								End da												
If this is an extens	sion c	of Ter	mpor	ary A	ppoir	ntmer	nt, v	was the	initial p	erio	d > 3 r	non	ths:	Yes	1		No)	L	<u> </u>
If no, will the total	perio	od ind	cludir	ng the	exte	ensio	n no	ow be :	> 3 mont	hs:	Yes				No)				
Initial start date if this is an extension:									Date:											
Reason for Temp	orary	[,] Арр	ointn	nent (tick t	he re	leva	ant one)								-			
Cover Planned Le	ave			С	over	Unpl	anr	ned Lea	ave			Pe	rmar	nent \	/acan	псу				
Section 3(a)	Те	mp	ora	ry A	۱pp	oin	tm	ent l	Positi	on	Deta	ails	3							
Position No								Grade	Э											
Pay Scale Type	Pay Scale Group					ale						Annual Salary								
Pay scale level	Cost Cent						ntre	е				Payroll Area								
Personnel Area						Contract Type				Indf Dur T&C 06/2014										
										 	Spec Purp T&C 06/20				14					
Incremental date of	f Ter	mpor	ary A	ppoir	ntmer	nt pos	sitio	n	Date								\perp			
Section 3(b)		-	ora	ry A	App	<u>oin</u>	tm	ent	<u>Positi</u>	<u>on</u>	Deta	ails	s fo	r ba	ackt	fill p	os	itio	<u>ns</u>	
Position No	9 0)						Grade	Э											
Reason for Tempor	ary A	Appoi	intme	nt (tio	ck the	e rele	van	nt one)												
Maternity Leave F	Relief	f	Ca	reer	Breal	k Rel	ief	5	Sick Leav	∕e F	Relief			Ann	iual L	eave	Relie	ef		
Pay Scale Type	Pay Scale Group												Annual Salary							
Pay scale level	Cost Cent					entre	е					Payroll Area								
Personnel Area								Contract Type				Indf Dur T&C 06/2014 Spec Purp T&C 06/2014								
Incremental date of Temporary Appointment positi								n	Date											
I confirm that I	have	e con	tacte	d my	OM	I Adı	min	istrato	or to cre	ate	the re	leva	nt b	ackfi	ill pos	sition	(Pro	efix	9).	0

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Section 4. Pla	nned Workin	a Hours:											
Work Schedule Rule	(Code)* Please co		HR/Pay	roll									
office for list of availa	able codes												
Standard Hours of th			acted V										
Start Week of Rotation		Work releva	the	5 ov Fri)	/er 5 (l	5 over 7 (Mon- Sun)							
Section 5. Allo Complete this section i payable will continue to	f the contract change b be paid).	results in the pa	yment / c	cessatio	n of an a	ıllowan	ce (oth	nerwis	e allov	vance	s curr	ently	
Attach supporting docum										\A/-		- 1	
Allowance	Amount/Unit	Effective Dat FORMAT DATE FIELD A DDMMYYYY					Ceas Ilowa paym	nce		Wage type/ Pay Code			
Cootion C Lin	o Managara I	Dooloretie:											
Section 6. Lin I declare that the ab appointment conform								nd tha	t the				
Name:	ns with the provisio	ris of Circulat 17	Gra		ice doci	annent.							
Signature:			Date										
Contact Phone No:			Mobile Phone No:										
E-mail Address:			11102		10 1101								
Section 7. Em	plovees Dec	laration											
I accept the temporaterm and a specific pappointment.	ry appointment as o	detailed above. I											
Signature:		D	ate:										
Name:			rade:										
Contact Phone No:		obile No	o:										
e-mail address:						<u> </u>					<u> </u>		
Section 8. De	legated Offic	er / HR Mai	nagei	· App	roval								
Name (Print)			gnature	 									
Tel No.		[Date :	e :									
Decision No.		<u> </u>					•	•					
Section 9. To	be complete	d by Huma	n Re	sourc	es, F	erso	onne	el Ad	imt	nist	ratio	on	
System Updated By	(Name):												
Grade:		[Date										
Comments:													
-													
Section 10. Pa	ayroll Interfac	ce (Sap Ph	ase I	spec	ific)								
Location:			Wage Type:										
Payroll Area:	E	Employment Signal:											
Payroll Area Change			Date:										
System updated by:			Name:										

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