

Form – Employment Contract - Amendment

| Date | | | | | | | | |
|---------------------------------|---|--|-------------|---------------|--------------|----------------------------|--------------|----------------|
| Name | | | | | | | | |
| Address | | | | | | | | |
| Address | | | | | | | | |
| | | | | | | P | rivate and (| Confidentia |
| Dear Name | | | | | | | | |
| Dod! Hallo | | | | | | | | |
| Further to our Gippsland Inc | | | | | | | | n Headway |
| (delete irrelev | ant Ameno | dments): | | | | | | |
| □ Perman | ent Amer | ndment – <mark>H</mark> e | ours/Days | | | | | |
| Details o | of these pe | ermanent an | nendments a | are as follow | rs, | | | |
| 1. O | n < <enter< td=""><td>date>> your</td><td>hours/days</td><td>with permai</td><td>nently chang</td><td>ge to <mark>XX ho</mark>u</td><td>ırs/days per</td><td>fortnight.</td></enter<> | date>> your | hours/days | with permai | nently chang | ge to <mark>XX ho</mark> u | ırs/days per | fortnight. |
| 2. Th | ne dates o | f your currer | nt Employme | ent Contract | remain the | same: | | |
| • | From: | < <ente< td=""><td>er date>></td><td></td><td></td><td></td><td></td><td></td></ente<> | er date>> | | | | | |
| • | To: | Ongoir | ng | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Week 1 | М | Т | W | Т | F | S | S | Total hours |
| Hours per | | | | | | | | |

Т

F

S

W

Т

M

day

Week 2

Hours

day

per

S

Total

hours



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The standard full time working hours per fortnight are 76, which equates to 38 hours per week and 7.6 hours per day. An unpaid lunch break of 30 minutes applies to any shift exceeding 5 hours.

| | Temporary | Amendment – | Hours/Day | ys |
|--|-----------|-------------|-----------|----|
|--|-----------|-------------|-----------|----|

Details of these temporary amendments are as follows, conditional on your written agreement;

- 1. For the period of <<enter date>> until the close of business on the <<enter date>>, your hours/days will be temporarily increased to XX hours/days per week.
 - On conclusion of this period or unless otherwise advised in writing, you will return to your substantive regular contracted hours and or days of XX hours/days per week.
- 2. All timesheets, expenses and leave requests are to be submitted as required, on time and to satisfactory completion by their due date.
- 3. Your conditions will accrue proportionately to this temporary increase to your hours for this specified period. Your conditions will revert to the hours stipulated in your contract of employment immediately following the conclusion of this arrangement, unless otherwise agreed in writing.

| New Work Schedule Information | | | | | | | | |
|-------------------------------|---|---|---|---|---|---|---|----------------|
| Application re | Application requested for: Change of Hours □ Change of Days □ | | | | | | | |
| Week 1 | М | Т | W | Т | F | S | S | Total hours |
| Hours per day | | | | | | | | |
| Week 2 | M | Т | W | Т | F | S | S | Total hours |
| Hours per day | | | | | | | | |

The standard full time working hours per fortnight are 76, which equates to 38 hours per week and 7.6 hours per day. An unpaid lunch break of 30 minutes applies to any shift exceeding 5 hours.



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| □ Permanent Amendment – Pay I | Rate/Classification |
|-------------------------------|---------------------|
|-------------------------------|---------------------|

Congratulations on completing your << Certificate>> / your pay review request has been successful

- 3. On << DATE >>. your pay rate will change from \$\$ to \$\$ per hour.
- 4. The dates of your current Employment Contract remain the same:
 - From: << DATE >>.

| Current Rate | \$\$ per hour | Current Classification | Classi: Level Pay Point Paid At: Level Pay Point |
|--------------|-------------------------------------|---------------------------|--|
| New Rate | \$\$ per hour | New Classification | Classi: Level Pay Point Paid At: Level Pay Point |
| Reason | Certificate / Pay Review Request | Reason | Certificate / Pay Review Request |
| Date | | Date | |

All other conditions of your employment remain unchanged as determined by your Employment Agreement. Please sign and return this Amendment to Employment Contract no later than << DATE >>. This will be stored on your personnel file for future reference.

| Employee's Signature: | Date: | Date: | | |
|---|----------------|-------|--|--|
| Supervisor/Manager's signature: | Date: | | | |
| | | | | |
| Approval | | | | |
| Work schedule/hours change: Approved \Box | Not approved □ | | | |
| Manager name: | | | | |
| Manager signature: | [| Date: | | |
| CEO signature: | 1 | Date: | | |
| OFFICE USE ONLY WHERE CHANGE IS AP | PROVED | | | |
| Employee payroll file updated by: | | Date: | | |
| Changes to days/hours updated on Brevity: | □Yes □No | | | |