



Direct Appointment Action Form

Position Information

☐ Create and Directly Appoint ☐ If create, position is identified indigenous ☐ Change and Directly Appoint ☐ Directly Appoint

Position Number

Position Title

Faculty/Division/Office

School/Section/Centre

Position Type

Classification Level and Step

Salary GL Code(s)

☐ Full Time ☐ Part Time

If Part Time, Hours per Week

Fraction Percentage

Part-Year Employment - # Weeks on Duty

Campus

Building Number

☐ I confirm that space is available on the selected campus
(space enquiries should be lodged via a [BEIMS request](#))

Type of Direct Appointment ([What is this?](#))

Start Date

End Date

Reason for Direct Appointment

For Academic Appointments Only

Field of Research Code 1

FOR 1 %

Field of Research Code 2

FOR 2 %

Field of Research Code 3

FOR 3 %

Work Function

Conditions/Considerations

Probation

Other

☐ Standard Probation
(includes EEL409 and EEL416 for academic appointments)

☐ Functional Screening

☐ Special Conditions (provide details below)

☐ Working with Children Check

☐ Request to Waive Probation

☐ NSW Police/AFP Professional Suitability Check

Please contact your [HR Business Partner](#) prior to recommending probation is waived

☐ Immigration

If applicable:

☐ Relocation/Removal

☐ Early Career Academic (Level A or B only)

☐ Research Funded Position

Additional information or notes

Supervisor Information

Supervisor's Name

Supervisor's Position Title

Supervisor's Position No

Proposed Incumbent

Is this appointment from an eligibility list? ☐ Yes ☐ No If Yes, eligibility list position no.

Is the incumbent named in a research grant? ☐ Yes ☐ No If Yes, attach a copy of the research grant

Is this appointment the result of an expression of interest process? ☐ Yes ☐ No If Yes, attach a copy of the incumbent's submission

Name

Email Address

Will the proposed incumbent require sponsorship for a Visa? ☐ Yes ☐ No

Ensure Australian citizenship or right to work in Australia has been confirmed (attach Visa if applicable).

If part time, please provide the roster, in hours, for the fortnight commencing the Friday immediately following pay day.

	Fri	Sat	Sun	Mon	Tues	Wed	Thur		Fri	Sat	Sun	Mon	Tues	Wed	Thur
Hours															

Background information supporting the proposed incumbent

Please provide details of the incumbent's skills, qualifications and/or experience which makes them suitable for the position

Approval

Recommendation

Name

Signature

Date

Approval by the delegated officer:

I authorise this action and certify that funds are available. I approve the expenditure of the funds associated with recruiting for this position including advertising, travel, accomodation, interview expenses, removal and other related expenses.

For appointments in a Faculty

Executive Dean

Name

Signature

Date

For all other areas of the University

VCLT Member

[Who is this?](#)

Name

Signature

Date

Final Processing

To ensure prompt processing, this form MUST be submitted with the relevant documents to hr@csu.edu.au. Please indicate the appropriate option against each document:

[Position Description](#) (general staff only) consistent with the [General Staff Position Descriptors](#) in the [CSU Enterprise Agreement](#)

☐ Yes ☐ N/A as supplied in the last 12 months

[Referee Check Form - Academic](#) or [Referee Check Form - General Staff](#)

☐ Yes ☐ N/A as supplied in the last 12 months

Proposed incumbent's current resume

☐ Yes ☐ N/A as supplied in the last 12 months

Proposed incumbent's Visa

☐ Yes ☐ N/A

HR Use Only

☐ Identified Indigenous: FC791 Affirmative Action use Code A