Department:

PRIVACY STATEMENT: The information being collected in this form is for the purposes of managing your employment and entitlements. The collection of this information is authorised under Chapters 5 and 6 of the Public Service Act 2008. The employing department may disclose only such information to other Queensland Government departments or contracted service providers as is necessary for the performance of the HR functions performed by these bodies. Your personal details will not be disclosed to any other third party without your consent, unless required to do so by law.

IMPORTANT INFORMATION: To enable timely processing, it is the responsibility of the department to ensure that forms submitted to QSS include current and accurate information, are completed in full, appropriately approved, and submitted prior to or by the specified cut-off time/day. After initial advice of missing or incomplete documentation, there will be no further follow up by QSS Payroll to the department. To confirm the applicable cut-off time/day for the department, seek advice from the relevant QSS team or refer to the current OLA between the department and QSS (available on the QSS customer site).

IMPORTANT INSTRUCTIONS

Part A: Mandatory for all appointees. Please complete and give to supervisor on the first day in the new role.
Part B: Complete only if new to the department OR moving payroll systems within the department.
Part C: Supervisor to complete.

Part A: Appointees to complete (*mandatory)

1. Appointee details

Title

Last name

First name/s

Preferred name

Date of birth (dd/mm/yyyy)

Gender

Male

Female

Previous family name (if applicable)

Reason for change

Employee number (if known)

Please tick as appropriate.

I am an Australian citizen

Permanent resident

or

eligible to work in a temporary/casual capacity in Australia. My visa covers the employment period.

2. Confirmation of agreed part-time arrangements IF APPLICABLE

Note: If a change of hours for an existing employee a change of hours/work pattern agreement must also be completed.

Part-time hours/minutes per fortnight

OR decimal (e.g. 0.5) per fortnight

Please specify approved work roster/pattern (hours and minutes per day, e.g. 7h16m).

Off-pay week

Pay week

3. Appointment/employment acceptance and certification

☐ I have received my appointment letter dated and accept the terms and conditions of my appointment/employment as specified therein.

OR

☐ I have NOT received an appointment letter as at today's date.

I agree to acquaint myself with, and abide by, the Code of Conduct and, if relevant, department standard of practice, and all rules, regulations, policies and procedures that operate within my employing department throughout my employment.

I certify that the information supplied on this form is true and correct. I acknowledge that the provision of false information may result in the termination of my employment.

Signature

Date
Part B: Complete if new to department OR moving payroll systems within department

4. Residential address (mandatory*) Note: P.O. Box is not a residential address
   Address details
   Suburb State Postcode Country

   Work telephone number Home telephone number Mobile telephone number

   Postal address (if different from residential address)
   Suburb State Postcode Country

5. Emergency contacts
   Primary emergency contact name Relationship
   Home address
   Suburb State Postcode Country

   Work telephone number Home telephone number Mobile telephone number

   Secondary emergency contact name Relationship
   Home address
   Suburb State Postcode Country

   Work telephone number Home telephone number Mobile telephone number

6. Education details (please attach certified copies of documentary evidence if not previously provided)
   AQF level Course description Major Institution Start date End date Completed
   Australian Qualifications Framework (AQF) includes Senior Certificate, Certificate I-V, Diploma, Associate or Advanced Diploma, Graduate Certificate or Diploma, Bachelor Degree, Masters Degree or Doctoral Degree.

7. Registrations/Licences/Skills (please attach certified copies of documentary evidence)
   e.g. professional registration, drivers licence. Skills may include languages other than English.
   Expiry date (if applicable)
8. Banking details

NB: Please confirm your branch BSB code and account number with your financial institution. An automatic teller card number or credit card number is not a valid account number.

Main bank account: Financial institution

Account name

BSB number

Account number (maximum 9 digits)

Other bank account: Financial institution

Account name

BSB number

Account number (maximum 9 digits)

Fortnightly amount

9. Other payroll deductions

Do you have any deductions you would like to make from your pay? □ No □ Yes. Please provide details but be aware that not all deductions are available

Name of organisation

Reference number/member number

Start date End date Fortnightly amount

Name of organisation

Reference number/member number

Start date End date Fortnightly amount

10. Previous service and employment in the public service and applicable Queensland public sector

If you have had previous employment with local, state or federal authorities you may be entitled to request recognition of previous employment for sick and long service leave purposes. Please contact your department's human resources office once you have started work or access Ministerial Directive for Recognition of Previous Service and Employment at www.justice.qld.gov.au/fa/st-and-safe-work/industrial-relations/queensland-government-employees/directives and your department's specific policy.

11. Early Retirements, Voluntary Separation Packages

Please indicate below if you have received either:

□ an early retirement, redundancy or retrenchment package from a previous employer?

OR

□ a voluntary separation package from a Queensland Government department or statutory agency?

□ No □ Yes. Please provide the following details.

Previous employer/Old Government department/Statutory agency

Date of separation
12. Document checklist

☐ Tax File Number Declaration form
   (must be supplied within 28 days)

☐ Certified copy of Birth Certificate or Proof of Age
   (if not previously provided)

☐ Equal Employment Opportunity Census (new starters only)
   (please complete via Employee Self Service or relevant department form)

☐ Evidence of your qualifications
   (if not previously provided)
   (Certified copies must be provided for PO/TO positions)

Part C: Confirmation of commencement (supervisor to complete)

13. It is the supervisor’s responsibility to ensure the appointee is aware of the terms and conditions of their employment if the appointee has commenced prior to receipt of the appointment letter.

   *I certify that __________ commenced employment in this job on __________. Temporary end date if applicable __________.

   Role title
   ____________________________
   ____________________________

   Position number
   ____________________________

   Offset position number (QCS only)
   ____________________________

   Classification/paypoint
   ____________________________

   * Cost centre/WBS % split (if applicable)
   ____________________________

   Supervisor’s name
   ____________________________

   Signature
   ____________________________

   Date
   ____________________________

14. Will the employee have access to Employee Self Service? ☐ No ☐ Yes. Please provide the following details.

   Local supervisor’s name
   ____________________________

   Telephone number
   ____________________________

15. Will the employee have access to an electronic timesheeting system?

   ☐ No ☐ Yes. Please identify the system, e.g. CATS, TADPOLE

To allow for the prompt processing of wages, please ensure that this form, together with other employee commencement documents are sent to the relevant Payroll area of QSS for your Department:

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<thead>
<tr>
<th>Communities</th>
<th>Public Works</th>
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<td>Communities</td>
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<tr>
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<tr>
<td>Premier and Cabinet (including Public Service Commission)</td>
<td>Queensland Police Service</td>
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<tr>
<td>Environment and Resource Management</td>
<td>Queensland Police Service</td>
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<td>Queensland Police Service</td>
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<tr>
<td>Justice and Attorney-General</td>
<td>Queensland Water Commission</td>
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<td>SunWater</td>
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<td>TransLink</td>
<td>Queensland Water Commission</td>
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<td>Queensland Water Commission</td>
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<tr>
<td>Transport and Main Roads</td>
<td>Queensland Water Commission</td>
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<td><a href="mailto:payrolTMR@ssa.qld.gov.au">payrolTMR@ssa.qld.gov.au</a></td>
<td>Queensland Water Commission</td>
</tr>
</tbody>
</table>
Dear <title and surname>

I am pleased to advise that approval has been given to appoint you to the following role:

Role: <complete role designation eg Project Officer, Project Services, Human Resource Services>
Classification level: <classification and level eg AO5 (03)>
Salary rate per fortnight: <eg $2278.40>
Allowances: <allowance name or Not Applicable>
Employment status: Permanent <Full-time/Part-time>
Hours per fortnight: <eg 72 hours 30 minutes>
Basis of appointment: <s119 Public Service Act 2008> or <s147 Public Service Act 2008> (for general employees)
Award: <full list of awards eg Queensland Public Service Award – State 2003>
Certified Agreement: < full list of agreements eg State Government Departments Certified Agreement 2009 >

Your appointment to this role will be effective from <the date you commence work or specific date if provided>.

Optional paragraph for Communities external appointments  This offer of employment is conditional upon the results of criminal history screening processes undertaken by the Department. If you are found to be unsuitable for employment following criminal history screening, your employment will be terminated immediately by operation of the law.
Optional paragraph DTMR GTO  Under the provisions of the department's Enterprise Development Agreement, you will be entitled to a Guaranteed Transfer Out from the location nominated in this letter to a major provincial or coastal centre, including Brisbane, to meet the department's business needs effective 3 years from date of duty.

Optional paragraph for DERM Field Officer  Your role is designated as a Field Staff role. As such, you will work an ordinary 36.25 hour to 38 hour week but will be required to perform duties outside of ordinary business hours and may be required to be on call after hours. Time off in lieu (TOIL) provisions will apply to work in excess of normal hours. Refer to the Hours of Work Procedure for information with respect to TOIL. Payment of overtime will only be made in exceptional circumstances as per Directive No. 10/07 "Field Staff".

Optional paragraph for DPW  * NOTE: Your classification will increase to PO2(01) upon presentation of having obtained the prerequisite qualification.

Optional paragraph  A probation period of <number of months> months will apply to your appointment. Confirmation of your appointment will occur after this time on the basis of successful performance in the role.

You will have the opportunity to discuss your performance development plan with your supervisor shortly after you commence work.

Optional paragraph  You may be entitled to reimbursement of transfer and appointment expenses in accordance with Ministerial Directive Transfer and Appointment Expenses. Please contact your supervisor for further details.

Optional paragraph  Information regarding your conditions of employment and entitlements is attached. Further relevant information will be provided to you when you commence work.

Optional paragraph  Please read the attached information sheet ‘To start your pay’ and bring the requested documents referred to with you on the first day in your new job or prior to commencement to your supervisor.

Please contact your supervisor should you have any enquiries relating to your appointment.

Congratulations and I hope your role will be challenging, rewarding and enjoyable.

Yours sincerely

Brian Carroll
Executive Director
Client Services (HR and Mail)
Queensland Shared Services

for <department name eg Department of Premier and Cabinet>

Enc